

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000095780 1. Entity Name NEW MILLENIUM MARKETING GROUP INC.	
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03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0909636	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LABOSSIERE, JACQUES
16824 79 CT. N.
LOXAHATCHEE, FL 33470

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JACQUES LABOSSIERE
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

03/06/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DF
NAME	LABOSSIERE, KETTY
STREET ADDRESS	16824 -79 CT N.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	P
NAME	LABOSSIERE, JACQUES
STREET ADDRESS	168 2479 COURT N.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/04-80025-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JACQUES LABOSSIERE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/04 (561) 793-6265
Date Daytime Phone #