

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90145 022 \*\*\*150.00

**DOCUMENT # P99000005895**

1. Entity Name  
**MODEL MILLENNIUM, INCORPORATED**



Principal Place of Business  
**2321 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020**

Mailing Address  
**2321 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020**

**66010734**



2. Principal Place of Business  
**11115 N.W. 46TH DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**11115 N.W. 46TH DRIVE**  
Suite, Apt. #, etc.

02062006 Chg-P CR2E034 (11/05)

City & State  
**CORAL SPRINGS, FL**

City & State  
**CORAL SPRINGS**

4. FEI Number  
**65-0899614**

Applied For  
Not Applicable

Zip Country  
**33076 BROWARD**

Zip Country  
**33076 BROWARD**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE, ROBERT ESQ.  
350 FAIRWAY DR., SUITE 101  
DEERFIELD BCH, FL 33441**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ANDREWS, MADELINE</b>
STREET ADDRESS	<b>11115 NW 46TH DR.</b>
CITY - ST - ZIP	<b>CORAL SPRINGS, FL 33076</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Madeline Andrews* Madeline Andrews

4/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #