

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90011 024 \*\*\*158.75

**DOCUMENT # P99000044371**

1. Entity Name

MILLENNIUM EYE INC.



Principal Place of Business

1840 W 49TH ST  
SUITE 601  
HIALEAH FL 33012

Mailing Address

1840 W 49TH ST  
SUITE 601  
HIALEAH FL 33012

2. Principal Place of Business

5601 SW 82 Ave  
Suite, Apt. #, etc.

3. Mailing Address

5601 SW 82 Ave.  
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State  
DAVIE

City & State  
DAVIE

4. FEI Number 65-0921895

Applied For  
Not Applicable

Zip  
33328

Country  
USA.

Zip  
33328

Country  
USA.

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

6. Name and Address of Current Registered Agent

PENA, YOLANDA  
1840 W 49TH ST  
SUITE 601  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004. Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME PENA, YOLANDA  
STREET ADDRESS 1840 W 49TH ST  
CITY-ST-ZIP HIALEAH FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE President  
NAME YOLANDA (FIRST) PEÑA (LAST)  
STREET ADDRESS 5601 SW 82 AVE  
CITY-ST-ZIP DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*(Yolanda Peña)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/04 (954) 252-5510  
Date Daytime Phone #