

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90096 021 \*\*\*150.00

**DOCUMENT # P99000055824**

1. Entity Name

MILLENNIUM FREIGHTWAYS, INC.



Principal Place of Business

4402 NW 74TH AVE  
MIAMI FL 33166-6643

Mailing Address

12297 NORTHWEST 1ST STREET  
PLANTATION FL 33325

2. Principal Place of Business

8005 NW 80TH STREET

3. Mailing Address

P.O. Box 667742

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY FL

City & State

Miami, FL

Zip

33166

Country

MIAMI-DADE

Zip

33166

Country

Miami-DADE



MOORE

CR2E034 (11/03)

4. FEI Number

65-0929277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NELMS, JOSEPH  
12297 NORTHWEST 1ST STREET  
PLANTATION FL 33325

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

TITLE PD  
NAME NELMS, JOSEPH  
STREET ADDRESS 12297 NORTHWEST 1ST STREET  
CITY-ST-ZIP PLANTATION FL 33325 ☐ Delete

TITLE STD  
NAME NODAL, MARGARITA M  
STREET ADDRESS 930 E 14TH PLACE  
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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: *X M L M Nodal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARITA M. NODAL

STD

2-24-2004

Date

305 629-8193

Daytime Phone #