

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90399 027 ***150.00

DOCUMENT # P99000055824 1. Entity Name MILLENNIUM FREIGHTWAYS, INC.					
Principal Place of Business 8005 NW 80TH ST. 11725 NW 100th Rd MIAMI, FL 33166 Suite #1			Mailing Address P.O. BOX 667742 MIAMI, FL 33166		
2. Principal Place of Business 11725 NW 100th Rd Suite, Apt. #, etc. Suite #1			3. Mailing Address Suite, Apt. #, etc. City & State Zip 33178 Country		
City & State Zip 33178 Country			4. FEI Number 65-0929277 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			03042005 Chg-P CR2E034 (10/03)		
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 Joseph Nelms Street Address (P.O. Box Number is Not Acceptable) 3445 Coquina Terr. City Malabar FL Zip Code 32950		
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 Joseph Nelms DATE 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELMS, JOSEPH 12297 NORTHWEST 1ST STREET PLANTATION, FL 33325	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NODAL, MARGARITA M 930 E 14TH PLACE HIALEAH, FL 33010	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: M. La M Nodal DATE 4-29-05 (305) 805-8205 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

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