

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000070594	
1. Entity Name MILLENNIUM VENTURE MANAGEMENT, INC. OF SOUTH FLORIDA	

Principal Place of Business 2246 SW 164 AVE MIRAMAR, FL 33027 US	Mailing Address PO BOX 825421 S FLORIDA, FL 33082 US
--	--

DO NOT WRITE IN THIS SPACE



04022006 No Chg-P CR2E03

4. FEI Number
65-0941509

5. Certificate of Status Desired ☐

plied For
Applicable
tional

6. Name and Address of Current Registered Agent

GOBELI, MURRAY J
2246 SW 164 AVE
MIRAMAR, FL 33027

**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 ☐ and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD GOBELI, MURRAY J 2246 SW 164 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U0000045
04/20/06-80 17 150.0

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am the president 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 on the report or on an attachment with an address, with all other like empowered.

SIGNATURE: Murray J Gobel PRESIDENT 4/2/06 95 7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR