2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 08:00 AM Secretary of State

DOCUMENT # P99000095365 1. Entity Name J.C.G. MILLENNIUM, INC.				Secretary of State			
•	AMI GARDEN DR	Mailing Address 1590 NE MIAMI GARDEN DR MIAMI, FL 33179					
DO NOT WRITE IN THIS SPA			CE	01132005 4. FEI Numbe 65-096	No Chg-P	CR2E034 (10.	Applied For Not Applicable
	Name and Address of Current Reg	Jaharas Aman	·	5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional quired
GRANADOS, JORGE E 1590 NE MIAMI GARDEN DR MIAMI, FL 33179 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 familiar with, and acceed the obligations of registered agent.							with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and ti	Agent signature required when reinstating) DAYE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR PSTD GRANADOS, JORGE E 1590 NE MIAMI GARDEN DR NORTH MIAMI BEACH, FL 33179 S CADENA, JOSE A	ECTORS				00205830 5-80062-0	05 150.00
STREET ADDRESS GITY-ST-ZIP TITLE	1590 NE MIAMI GARDENS DR. MIAMI, FL 33179						
NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
HILE MANAGE			ı	IIV I	THIS SP	AUE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supply mental report is the end 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 receive for trustee empowered to affect 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 the like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-05

Daytime Phone #