FROM :ABELAIRAS FAX NO. :7864971900

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State
01-23-2008 90005 040 ***150.00

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1. Entity Name
J.C.G. MILLENNIUM, INC.

Principal Place of Business	Mailing Address
1590 NE MIAMI GARDEN DR MIAMI, FL 33179	1590 NE MIAMI GARDEN DR MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0967079
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRANADOS, JORGE E
1590 NE MIAMI GARDEN DR
MIAMI, FL 33179

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GRANADOS, JORGE E
STREET ADDRESS	1590 NE MIAMI GARDEN DR
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	S
NAME	CADENA, JOSE A
STREET ADDRESS	1590 NE MIAMI GARDENS DR.
CITY-ST-ZIP	MIAMI, FL 33179
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	

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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 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: _____ 1/7/08 305-944-7665
Name and Title of Signing Officer or Director — Date — Daytime Phone #