## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000104807

Entity Name: MILLENNIUM CUSTOM DRAPERIES, INC.

**FILED** Mar 31, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

305 NW 10TH TERRACE 5061 SOUTH STATE ROAD 7 HALLANDALE, FL 33009

SUITE 603

**DAVIE, FL 33314** 

**Current Mailing Address:** New Mailing Address:

315 N.W. 10TH TERRACE 5061 SOUTH STATE ROAD 7

HALLANDALE, FL 33009 SUITE 603

**DAVIE, FL 33314** 

FEI Number: 65-0964539 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RUIZ, ISABEL RUIZ, ISABEL

305 NW 10TH TERRACE 5061 SOUTH STATE ROAD 7

HALLANDALE, FL 33009 US SUITE 603 DAVIE, FL 33314 US

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.

SIGNATURE: RUIZ, ISABEL 03/31/2006 Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

RUIZ, ISABEL RUIZ, ISABEL Name: Name:

100 NW 108 TER, # 301 5061 SOUTH STATE ROAD 7, SUITE 603 Address: Address:

DAVIE, FL 33314 City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip:

Title: Title: () Delete (X) Change ( ) Addition

RUIZ, DEREK Name: RUIZ. DEREK Name:

100 NW 108 TER, # 301 Address: 5061 SOUTH STATE ROAD 7, SUITE 603 Address:

PEMBROKE PINES, FL 33026 **DAVIE, FL 33314** City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: ISABEL RUIZ 03/31/2006