


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # S21067
 1. Entity Name
NU MILLENNIUM CONCEPTS, INC.



Principal Place of Business Mailing Address
11925 S.W. 25TH TERRACE **11925 S.W. 25TH TERRACE**
MIAMI FL 33175 **MIAMI FL 33175**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

POUSA, AVELINA J.
11925 S.W. 25 TERR.
MIAMI FL 33175

4. FEI Number Applied For / Not Applicable

65-0251298 Applied For / Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 (Implication) (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

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

 \$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 | PTD POUSA, AVELINA J. 11925 SW 25TH TERR MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000912402 05/07/08-80079-007 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S POUSA, AVELINA J. 11925 SW 25TH TERR MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **4-16-08** **305-223-0588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone #