


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90077 040 ***150.00

DOCUMENT # P00000014101					
1. Entry Name MILENIUM SUPPLY, INC.					
Principal Place of Business 9920 NW 21 ST MIAMI, FL 33172			Mailing Address 9920 NW 21 ST MIAMI, FL 33172		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASTILLO, ALVARO R 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MIGUEL A			NAME	Martin, Miguel
STREET ADDRESS	9930 NW 21 STREET			STREET ADDRESS	9920 NW 21 Street
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP	Miami, FL 33172
TITLE	DPT	<input type="checkbox"/> Delete		TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LOS ANGELES, MARIA			NAME	Martin, Maria De Los Angeles
STREET ADDRESS	9930 NW 21 STREET			STREET ADDRESS	9920 NW 21 Street
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP	Miami, FL 33172
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Natividad delos Angeles</u>				Date: <u>1/16/04</u> (305) 471-0403	
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR				Daytime Phone #	