## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000122360

Entity Name: M & L PUBLICATIONS, INC.

Apr 23, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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PO BOX 1499 335 MADDOCK STREET

BOCA RATON, FL 334291499 WEST PALM BEACH, FL 33405

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

PO BOX 1499 335 MADDOCK STREET

BOCA RATON, FL 334291499 WEST PALM BEACH, FL 33405

FEI Number: 02-0666397 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WELLS, MILTON WEISS, MILTON 335 MADDOCK STREET 14401 SIMILITARY TRAIL #D-302

DELRAY BEACH, FL 33484 WEST PALM BEACH, FL 33405

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: MILTON WEISS 04/23/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete () Change () Addition WEISS, MILTON

Name: Name: 14401 SIMILITARY TRAIL #D-302 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip:

Title: VST Title: () Delete () Change () Addition

Name: KEELER, BONNIE J Name: 5836 SPRUCE CREEK WOODS DRIVE Address: Address: PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip:

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

KLEZMER, MARY ANN Name: Name: 1927 SOUTH CREEK BLVD Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MILTON WEISS 04/23/2004