


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 21, 2005 08:00 AM  
Secretary of State

DOCUMENT # M30961  
1. Entity Name  
MLA CONSULT, INC.



Principal Place of Business	Mailing Address
19412 N.E. 26 AVE. #144 N. MIAMI BEACH, FL 33180	19412 N.E. 26 AVE. #144 N. MIAMI BEACH, FL 33180



02032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2662808	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, MARC L.  
19412 N.E. 26 AVE.  
#144  
N. MIAMI BEACH, FL 33180

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ABRAMS, MARC L 19412 N.E. 26 AVE #144 N. MIAMI BEACH, FL 33180
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11. **DO NOT WRITE IN THIS SPACE**

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02/22/05-80001-004 1571.00

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: Max Abrams max abrams Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR