## 2005 FOR PROFIT CORPORATION

SIGNATURE:

## May 05, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P00000110450** 05-05-2005 90093 048 \*\*\*150.00 1. Entity Name MLC & SON, INC. Principal Place of Business Mailing Address 10344 STONE GLEN DRIVE 10344 STONE GLEN DRIVE ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3684272 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSA, LUIS Street Address (P.O. Box Number is Not Acceptable) 10344 STONE GLEN DRIVE ORLANDO, FL 32825 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE Change Change ROSA, LUIS E NAME STREET ADDRESS 10344 STONE GLEN DRIVE STREET ADDRESS ORLANDO, FL 328258534 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARRION, MARIA L NAME NAME 10344 STONE GLEN DRIVE STREET ANDRESS STREET ADDRESS ORLANDO, FL 328258534 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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)(1). 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 in changed, or on an attachment with an address, with all other/like empowered.

**FILED**