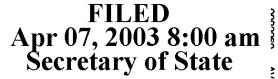
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000117187

1. Entity Name M.L.A. ENTERPRISES, INC.

DOCUMENT#





04-07-2003 90744 017 ***150.00

Principal Piace of Business 1881 E. CHAPEL DR. DELTONA FL 32738		Mailing Address 1881 E. CHAPEL DR. DELTONA FL 32738				
2. Principal Place of Business		3. Mailing Address		I YOOTIDDI IIY OOTII OOTII OOTII OOTII OOTII ILOO IIBI YOOTI ILOO IIBI YOO		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3686511 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent		
AHO, MARY L			Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)		
1881 E. C Deltona	HAPEL DR. 4.4.4. FL 32738					
,	•		City	FL Zip Code		
	named entity submits this statement ions of registered agent.	for the purpose of changing	its registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (N	IOTE: Registered Agent signature re	quired when reinstating) DATE		
.' After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	··· OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHO, MARY L 1881 E. CHAPEL DR. DELTONA FL 32738	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition :		
TITLE NAME STREET ADDRESS	William and the Angeles of the con-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE Name Street address City-st-zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filling 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: