


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000021129**

1. Entity Name  
**MNL-WITZ, INC.**



Principal Place of Business <b>1155 HILLSBORO MILE          STE. 602          HILLSBORO BEACH, FL 33062-1744</b>	Mailing Address <b>1155 HILLSBORO MILE          STE. 602          HILLSBORO BEACH, FL 33062-1744</b>
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1101470</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**LEIBOWITZ, PATRICIA  
 1155 HILLSBORO MILE  
 STE. 602  
 HILLSBORO BEACH, FL 33062-1744**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

U00000123709  
 04/22/04-80015-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIBOWITZ, MARTIN N 1155 HILLSBORO MILE #602 HILLSBORO BEACH, FL 330621744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIBOWITZ, PATRICIA 1155 HILLSBORO MILE #602 HILLSBORO BEACH, FL 330621744
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia Leibowitz* Patricia Leibowitz 4/19/04 954-480-6485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**PATRICIA Leibowitz**