

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90193 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027503

Entity Name

M L TRANSPORTATION, INC.



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 9191 FONTAINEBLEAU BLVD		3. Mailing Address 9191 FONTAINEBLEAU BLVD.	
Suite, Apt. #, etc. APT 7		Suite, Apt. #, etc. APT 7	
City & State MIAMI, FL		City & State MIAMI, FL.	
Zip 33172	Country MIAMI DADE	Zip 33172	Country MIAMI DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1090288	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name ALTUVE, HENRY	
Street Address (P.O. Box Number is Not Acceptable) 9191 FONTAINEBLEAU BLVD APT 7	
City MIAMI,	Zip Code FL 33172

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MAY 15/03

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$91.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DPVST	ALTUVE, HENRY	9191 FONTAINEBLEAU BLVD APT 7	MIAMI, FL 33172

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]