2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # P01000034532 1. Entity Name 05-03-2004 90513 001 *****8.75 MLV, INC. 05-03-2004 90513 002 ***150.00 Principal Place of Business Mailing Address 5260 NORTHWEST 2ND AVENUE 49 WALDEN ROAD 66417823 TARRYTOWN NY 10591 SUITE 103 BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1089392 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zio Code FL 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 gent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1; 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GLADSTONE, MARYLOUISE G NAME NAME 5260 NORTHWEST 2ND AVENUE SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GLADSTONE, JEOFFREY, I NAME NAME STREET ADDRESS 5260 NORTHWEST 2ND AVENUE SUITE 103 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME GLADSTONE, SUSAN E NAME STREET ADDRESS 5260 NORTHWEST 2ND AVENUE SUITE 103 STREET ADORESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition GLADSTONE, DENNIS A NAME NAME 5260 NORTHWEST 2ND AVENUE SUITE 103 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of the corporation or the receiver or trustee e changed, or on an attackment with an addre

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