

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101796

**FILED**  
**Jan 20, 2004**  
**Secretary of State**

**Entity Name:** M L H INVESTMENTS CORP, INC.

**Current Principal Place of Business:**

301 S MILWEE ST  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

301 S MILWEE ST  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 59-3751774      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, MICHELLE L  
301 S MILWEE ST  
LONGWOOD, FL 32750

**Name and Address of New Registered Agent:**

COHEN, ROBERT C  
301 S MILWEE ST  
LONGWOOD, FL 32750

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.

SIGNATURE: ROBERT C. COHEN      01/20/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HALL, MICHELLE  
Address: 301 S MILWEE ST  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: COHEN, ROBERT C  
Address: 301 S MILWEE ST  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. COHEN      PRES      01/20/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date