

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000021906 1. Entity Name MKL & ASSOCIATES, INC.		
Principal Place of Business 319 BELVEDERE ROAD WEST PALM BEACH, FL 33405		Mailing Address 319 BELVEDERE ROAD WEST PALM BEACH, FL 33405
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 04-365-6641
City & State _____	City & State _____	Applied For <input type="checkbox"/> Not Applicable
Zip _____	Country _____	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MAI, LIHN 319 BELVEDERE ROAD WEST PALM BEACH, FL 33405		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____
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 _____ <small>Signature: Typed or printed name of signatory agent and add'l applicants. NOTE: Registered Agents cannot sign when withdrawing.</small>		DATE _____
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PSTD	NAME MAI, LIHN	TITLE _____
STREET ADDRESS 319 BELVEDERE ROAD	CITY-ST-ZIP WEST PALM BEACH, FL 33405	NAME _____
TITLE _____	NAME MCKONE, JEWELL	TITLE _____
STREET ADDRESS 319 BELVEDERE ROAD	CITY-ST-ZIP WEST PALM BEACH, FL 33405	NAME _____
TITLE _____	NAME _____	TITLE _____
STREET ADDRESS _____	CITY-ST-ZIP _____	NAME _____
TITLE _____	NAME _____	TITLE _____
STREET ADDRESS _____	CITY-ST-ZIP _____	NAME _____
TITLE _____	NAME _____	TITLE _____
STREET ADDRESS _____	CITY-ST-ZIP _____	NAME _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Linh mai</i> Linh mai		DATE: 4/10/03

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CHECK HERE IF MAKING CHANGES

CORP034 (10/02)