


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90033 048 \*\*\*150.00

<b>DOCUMENT # P02000065765</b>	
1. Entity Name M.L. INTERNATIONAL REPRESENTATIVE, CORP.	

Principal Place of Business 101 JUNGLE RD PALM BEACH FL 33434	Mailing Address PO BOX 2312 PALM BEACH FL 33480
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2. Principal Place of Business 2828 Tennis Club DR Suite, Apt. #, etc. # 202	3. Mailing Address P.O. Box 2312 Suite, Apt. #, etc.
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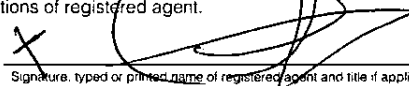
City & State West Palm Beach-FL	City & State Palm Beach-FL
Zip 33417	Zip 33480
Country	Country

4. FEI Number 03-0456634	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DA LUZ, MAURICI B P.O. BOX 2312 PALM BEACH FL 33480 ATTN= Maurici Luz	
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7. Name and Address of New Registered Agent Name M.L. International Rep. Corp Street Address (P.O. Box Number is Not Acceptable) 2828 Tennis Club DR # 202 West Palm Beach City FL Zip Code 33417	
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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 03/17/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 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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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DA LUZ, MAURICI B PO BOX 2312 PALM BCH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: 	DATE 03/17/04	Daytime Phone #
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