

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118924

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** M L PROPERTY SOLUTIONS, CORP.

**Current Principal Place of Business:**

1 SOUTH PINE ISLAND RD.  
209  
PLANTATION, FL 33324

**New Principal Place of Business:**

6657 SW 49 ST  
DAVIE, FL 33314

**Current Mailing Address:**

1 SOUTH PINE ISLAND RD.  
209  
PLANTATION, FL 33324

**New Mailing Address:**

6657 SW 49 ST  
DAVIE, FL 33314

**FEI Number:** 45-0579316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALPICA, LUIS M.  
1 SOUTH PINE ISLAND RD.  
209  
PLANTATION, FL 33324 US

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

MALPICA, LUIS M.  
6657 SW 49 ST  
DAVIE, FL 33314 US

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: LUIS MALPICA

04/28/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MALPICA, LUIS M.  
Address: 6657 SW 49 ST  
City-St-Zip: DAVIE, FL 33314

I hereby 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 all other like empowered.

SIGNATURE: LUIS MALPICA

D

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date