

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90061 047 ***150.00

DOCUMENT # P92000009678

1. Entity Name

M L ACCOUNTING INC.



Principal Place of Business

**175 FONTAINE BLEAU
1A-3
MIAMI FL 33172
US**

Mailing Address

**472 SW 87TH PL.
MIAMI FL 33174
US**

2. Principal Place of Business

3. Mailing Address

411 SW 88 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Fl

4. FEI Number

65-0372854

Applied For

Not Applicable

Zip

Country

Zip

Country

33174

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBERTO E. MALDONADO
472 SW 87TH PL.
MIAMI FL 33174**

Name

Alberto E. Maldonado

Street Address (P.O. Box Number is Not Acceptable)

411 SW 88 CT

City

Miami

FL

Zip Code

33174

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/04

DATE

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DST** ☐ Delete
NAME **MALDONADO, LESLY M**
STREET ADDRESS **10237 NW 9 ST CIR APT 110**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **DP** ☐ Delete
NAME **MALDONADO, ALBERTO E**
STREET ADDRESS **472 SW 87TH PL**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Maldonado Lesly M (DST)** ☒ Change ☐ Addition
NAME **472 SW 87TH PL**
STREET ADDRESS **Miami, Fl. 33174**
CITY-ST-ZIP

TITLE **DP-Alberto E Maldonado** ☒ Change ☐ Addition
NAME **411 SW 88 CT**
STREET ADDRESS **Miami, FL 33174**
CITY-ST-ZIP

TITLE **DV-Livia F. Maldonado** ☐ Change ☒ Addition
NAME **411 SW 88 CT**
STREET ADDRESS **Miami, Fl. 33174**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 305-220-2127

Date

Daytime Phone #