

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

CR# 4945

DOCUMENT # P93000056895
 1. Entity Name
M & L MARKETING, INC.



Principal Place of Business 3844 S. TUTTLE AVENUE SARASOTA, FL 34239 US	Mailing Address 3844 S. TUTTLE AVENUE SARASOTA, FL 34239 US
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DO NOT WRITE IN THIS SPACE

04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0431838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
 720 SOUTH ORANGE AVENUE
 SARASOTA, FL 34236

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000111661
 04/13/04-80029-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SIDEMAN, GERALD 3844 S. TUTTLE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIDEMAN, INNA 3844 S. TUTTLE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____ **4/9/04** _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #