

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90210 009 \*\*\*158.75

**DOCUMENT # P95000040118**

1. Entity Name  
**MLT MANAGEMENT CORP.**



Principal Place of Business  
**900 N FEDERAL HWY  
STE 410  
BOCA RATON, FL 33432 US**

Mailing Address  
**900 N FEDERAL HWY  
STE 410  
BOCA RATON, FL 33432 US**

**14009760**



2. Principal Place of Business

**7100 W. Camino Real**

3. Mailing Address

**7100 W. Camino Real**

Suite, Apt. #, etc.

**Suite 402**

Suite, Apt. #, etc.

**Suite 402**

City & State

**Boca Raton FL**

City & State

**Boca Raton FL**

Zip

**33433**

Country

**USA**

Zip

**33433**

Country

**USA**

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0591555**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, ELIZABETH B PL  
900 N FEDERAL HWY #410  
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

**Elizabeth Brandon-Brown, P.L.**

**9095 LA FONTANA BLVD.**

**Suite B-1**

**Boca Raton**

**FL**

**33434**

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.

**Brandon-Brown, Elizabeth PL**

**4/21/04**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
BLOOM, DIANE  
900 N FEDERAL HWY STE 410  
BOCA RATON, FL 33432** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
BLOOM, DIANE  
7100 W. Camino Real Suite 402  
Boca Raton, FL 33433** ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Diane Bloom**

Date

**4/21/04 (560) 417-7115**  
Daytime Phone #