

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # P96000071045**

1. Entity Name

M.L.L.A., INC.



05-17-2004 90565 001 \*\*\*400.00

05-17-2004 90565 002 \*\*\*150.00

Principal Place of Business

2108 WHITEWOOD CT.  
ORLANDO FL 32837  
US

Mailing Address

2108 WHITEWOOD CT.  
ORLANDO FL 32837  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3400091**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

APORTADERA, LISA L.  
2108 WHITEWOOD CT.  
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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	PSTD	<input type="checkbox"/> Delete
NAME	APORTADERA, LISA L	
STREET ADDRESS	2108 WHITEWOOD CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Lisa L. Aportadera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/04*  
Date

Daytime Phone #

Attachment

66422526

2108 Whitewod Ct.  
Orlando, FL 32837  
May 12, 2004

DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
P O BOX 6850  
TALAHASSEE, FL 32314

RE: Request for Waiver of Annual Report  
Doc No. P96000071045  
MLLA INC

Gentlemen:

This is a request for a waiver for the penalty for late filing.

The completed report with the check was mailed 4/22/04 as shown on the postmarked envelop before I was going out of town for 2 weeks..

The report was RETURNED back to me because I folded it incorrectly showing my address instead of the CORRECT address. I opened the envelop finding out I made a mistake.

I would like to request for a special consideration from your office to waive the penalty.

I am enclosing the envelop with the report and check of \$150.00 and the check for the penalty of \$400.00 if your office would not be able to grant my request as a show of good faith. Should you be generous to consider waiving the penalty, please mail back the check for penalty with a self addressed stamp.

Thank you and hoping for your kind consideration.

Very truly yours,

MLLA INC.

By:



LISA L. APORADERA  
Director