


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000070138 1. Entity Name MML INTERNATIONAL, INC.	
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Principal Place of Business 2883 SABALWOOD CT. DELRAY BCH, FL 33445	Mailing Address 2883 SABALWOOD CT. DELRAY BCH, FL 33445
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0857566	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOBKOWICZ, MARTIN
2883 SABALWOOD CT.
DELRAY BCH, FL 33445

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IN THIS SPACE**

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 constituting)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOBKOWICZ, MARTIN
STREET ADDRESS	2883 SABALWOOD CT.
CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	D
NAME	LOBKOWICZ, DIANE
STREET ADDRESS	2883 SABALWOOD CT.
CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	D
NAME	DAN, BRIAN
STREET ADDRESS	3098 NW 27TH TERR.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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07/14/04-800008-018 158.75

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: Martin Lobkowicz 7/14/04 561-637-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #