

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075177

FILED
Jul 04, 2004
Secretary of State

Entity Name: MLR SERVICES, INC.

Current Principal Place of Business:

1550 N.E. QUAYSIDE TERRACE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

1550 N.E. QUAYSIDE TERRACE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 65-0945286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABINOWITZ, MARK
1550 N.E. QUAYSIDE TERRACE
MIAMI, FL 33138

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RABINOWITZ, MARK
Address: 1550 NE QUAYSIDE TERR
City-St-Zip: MIAMI, FL 33138

Title: VP () Delete
Name: RABINOWITZ, MARCIA
Address: 1550 NE QUAYSIDE TERRACE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK RABINOWITZ

P

07/04/2004

Electronic Signature of Signing Officer or Director

Date