## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 07, 2005 8:00 am Secretary of State DOCUMENT # V73831 03-07-2005 90283 014 \*\*\*150.00 M&L WHOLESALE INC. Principal Place of Business Mailing Address M & L WHOLESALE, INC M & L WHOLESALE, INC 50023287 5553 RAVENSWOOD RD., #111 5553 RAVENSWOOD RD., #111 FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 US 2. Principal Place of Business UST NW 1157 NW 159 Suite. Apt. #. etc. Suite, Apt. #, etc. 03012005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 410295 Hiami Mizni 65-0363246 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired П 05<u>N</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTESI, MICHAEL S. 5553 RAVENSWOOD ROAD SUITE 111 FORT LAUDERDALE, FL 33312 City Le i zmi Zip Code 33169 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 SIGNATURE. Signsture, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent suggests registed when rejectation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D ☐ Delete TITLE Change ■ Addition Montesi, Michael S. MONTESI, MICHAEL S. NAME NAME 157 UW 159 DE-STREET ADDRESS 5553 RAVENSWOOD ROAD, SUITE 111 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SY-7IP ☐ Delete TITLE Addition IIILE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusyfe 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. MICHAEL S. MONTESI SIGNATURE:

FILED