

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90002 047 \*\*\*150.00

**DOCUMENT # P01000103312**

1. Entity Name  
22 PLAZA CORP.



Principal Place of Business  
615 NE 22 STREET  
APT 101  
MIAMI, FL 33137

Mailing Address  
615 NE 22 STREET  
APT 101  
MIAMI, FL 33137

**44000604**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-1149561

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE MELO, CARLOS F  
615 NE 22 STREET  
APT 101  
MIAMI, FL 33137

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME DE MELO, CARLOS F  
STREET ADDRESS ALVAREZ JONTE 5378  
CITY-ST-ZIP BUENOS AIRES, ARGENTINA

TITLE ☒ Change ☐ Addition  
NAME **615 N.E 22 STREET APT # 101**  
STREET ADDRESS **MIAMI FLORIDA, 33137**  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DE MELO, MARTIN F  
STREET ADDRESS ALVAREZ JONTE 5378  
CITY-ST-ZIP BUENOS AIRES, ARGENTINA

TITLE ☒ Change ☐ Addition  
NAME **615 N.E 22 STREET APT # 101**  
STREET ADDRESS **MIAMI FLORIDA, 33137**  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D CARLOS F. MELO**

Date

Daytime Phone #

**1-8-04**

**205 526684**