

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000041855

**Entity Name:** MELOMAR CORP

**Current Principal Place of Business:**

55 MERRICK WAY, UNIT 852  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O HECTOR CANELON  
PO BOX 524236  
MIAMI, FL 33152-4236

**FEI Number:** 75-3267892

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MELENDEZ, OMAR  
55 MERRICK WAY, UNIT 852  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title PD  
Name MELENDEZ, OMAR  
Address 55 MERRICK WAY, UNIT 852  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** MELENDEZ , OMAR

PD

04/21/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date