

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000052607

Entity Name: MELAZA ANATOMARCHY CORP

Current Principal Place of Business:

5881 NW 151 ST
STE 215
MIAMI, FL 33014

Current Mailing Address:

5881 NW 151 ST
STE 215
MIAMI, FL 33014

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INDIVIGLIA, DORA
5881 NW 151 ST
STE 215
MIAMI, FL 33014 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 P
Name ANATOMARCHY, CRISTHIAN
Address 5881 NW 151 ST STE 215
City-State-Zip: MIAMI FL 33014

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: CRISTHIAN ANATOMARCHY

PRESIDENT

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date