

**2025 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**

**04/04/2025**

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

\_\_\_\_\_  
Date