

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 613088

1. Entity Name  
FERMEL INVESTMENT CORP.



Principal Place of Business  
1919 N.E 45 STREET  
SUITE 114  
FT. LAUDERDALE, FL 33306 US

Mailing Address  
1919 N.E 45 STREET  
SUITE 114  
FT. LAUDERDALE, FL 33306 US

**DO NOT WRITE IN THIS SPACE**



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1924767

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, MELCHOR  
1919 N.E 45 STREET  
SUITE 114  
FT. LAUDERDALE, FL 33306

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MARTIN, MELCHOR  
1919 N.E 45 STREET, SUITE 114  
FT. LAUDERDALE, FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000954767  
07/14/08-80014-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

MELCHOR MARTIN  
*Melchor Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-08 (954) 849-28-24  
Date Daytime Phone #