


FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 752189 1. Entity Name MELI CONDOMINIUM, INC.			
Principal Place of Business 1838 NW 20TH ST. MIAMI, FL 33142		Mailing Address 1838 NW 20TH ST. MIAMI, FL 33142	
DO NOT WRITE IN THIS SPACE			
		03312004 No Chg-NP CR2E037 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0318697	
		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent MITRANI, MOISES 1848 NW 20 ST MIAMI, FL 33142		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITRANI, MOISES 1848 NW 20TH ST MIAMI, FL 33142		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MITRANI, SALOMON 7505 ESPANOLA AVE. MIAMI, FL 33141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZAMORA, CAROLINA 1830 NW 20TH ST MIAMI, FL 33142		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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)(f), 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 617, 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 fees empowered.			
SIGNATURE: _____		4/5/04 305-547-231	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	