

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90053 007 ***150.00

DOCUMENT # H16225

1. Entity Name

MENDEZ-LOPEZ INVESTMENTS, INC.



Principal Place of Business

201 CRANDON BLVD #1100
PO BOX 441553
MIAMI FL 33144-1553
US

Mailing Address

201 CRANDON BLVD #1100
PO BOX 441553
MIAMI FL 33144-1553
US

2. Principal Place of Business

445 CRANDON BLVD

Suite, Apt. #, etc.

PH 2D

City & State
New Biscayne FL

Zip

33149

Country

USA

3. Mailing Address

445 CRANDON BLVD

Suite, Apt. #, etc.

PH 2D

City & State
New Biscayne FL

Zip

33149

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2655192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRERA, ISAAC
9801 S.W. 5TH STREET
MIAMI FL 33174

7. Name and Address of New Registered Agent

Ximena M. Nader

Street Address (P.O. Box Number is Not Acceptable)

1901 BRICKELL AVE # 101213

City
Miami

FL

Zip Code

33129

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

Ximena M. Nader

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.12.04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MENDEZ, GABRIEL	
STREET ADDRESS	201 CRANDON BLVD #1100	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE MENDEZ, LUZ MARIA	
STREET ADDRESS	201 CRANDON BLVD #1100	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DE LOPEZ, ELISA	
STREET ADDRESS	201 CRANDON BLVD #1100	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOPEZ, LUIS ENRIQUE	
STREET ADDRESS	201 CRANDON BLVD #1100	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Nader, Ximena Mendez	
STREET ADDRESS	1901 Brickell Ave #101213	
CITY-ST-ZIP	Miami, Florida 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

DOCUMENT # H16225		
1. Entity Name MELENDEZ-LOPEZ INVESTMENTS, INC.		

Principal Place of Business 201 CRANDON BLVD #1100 PO BOX 441553 MIAMI FL 33144-1553 US	Mailing Address 201 CRANDON BLVD #1100 PO BOX 441553 MIAMI FL 33144-1553 US
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14003744



MOORE CR2E034 (11/03)

2. Principal Place of Business 445 Grand Bay	3. Mailing Address 445 Grand Bay Dr.
Suite, Apt. #, etc. Apt PH 2-D	Suite, Apt. #, etc. Apt PH 2D
City & State Key Biscayne Florida	City & State Key Biscayne Florida
Zip 33149	Country USA

4. FEI Number 59-2655192	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERRERA, ISAAC 9801 S.W. 5TH STREET MIAMI FL 33174	
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7. Name and Address of New Registered Agent Name Ximena M Nader Street Address (P.O. Box Number is Not Acceptable) 1901 Brickell Ave B-123 City Miami FL Zip Code 33129	
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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 Ximena M. Nader VP DATE 4.12.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDEZ, GABRIEL <input checked="" type="checkbox"/> Delete 201 CRANDON BLVD #1100 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE MENDEZ, LUZ MARIA <input type="checkbox"/> Delete 201 CRANDON BLVD #1100 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DE LOPEZ, ELISA <input type="checkbox"/> Delete 201 CRANDON BLVD #1100 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, LUIS ENRIQUE <input type="checkbox"/> Delete 201 CRANDON BLVD #1100 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ximena Mendez Ximena <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nader Ximena M <input type="checkbox"/> Delete 1901 Brickell Avenue B123 MIAMI FL 33129

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Ximena M Nader DATE: 4.12.04 DAYTIME PHONE #: (305) 773-8658
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