

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77067

Entity Name: MELRIC, INC.

FILED
Feb 03, 2004
Secretary of State

Current Principal Place of Business:

3720 NW 116 TERRACE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

3720 NW 116 TERRACE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 59-2620868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANDLER, SANDI
11110 W OAKLAND PK BLVD
FORT LAUDERDALE, FL 33351 US

Name and Address of New Registered Agent:

HANDLER, SANDI
3720 N.W. 116 TERRACE
SUNRISE, FL 33323 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:

02/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HANDLER, SANDI,
Address: 3720 NW 116 TERRACE
City-St-Zip: SUNRISE, FL

Title: V () Delete
Name: HANDLER, STEWART,
Address: 3720 NW 116 TERRACE
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEWART HANDLER

V

02/03/2004

Electronic Signature of Signing Officer or Director

Date