

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2004 10:08:00 AM**  
**Secretary of State**

**DOCUMENT # M55020**

1. Entity Name  
**MELI INVESTMENT, CORP.**



Principal Place of Business  
**2701 LE JEUNE RD., STE. 410  
CORAL GABLES, FL 33134 US**

Mailing Address  
**2701 LE JEUNE RD., STE. 410  
CORAL GABLES, FL 33134 US**



03122003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2820726**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DE OLIVEIRA, CRISTINA  
2701 LE JEUNE RD #410  
CORAL GABLES, FL 33134**

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MESA, RAUDEL 2701 LEJEUNE RD. #410 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MESA, RENALDO 2701 LEJEUNE RD. #410 CORAL GABLES, FL
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U000000161120  
05/20/04-80006-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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

**5-16-04 3056083957**

Date

Daytime Phone #