

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90318 001 \*\*\*\*70.00

**DOCUMENT # N07014**

1. Entity Name  
**MELROSE MERCHANT ASSOCIATION, INC.**



Principal Place of Business

3259 NW 28 ST  
MIAMI, FL 33142

Mailing Address

3259 NW 28 ST  
MIAMI, FL 33142

**50044300**

**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0696022**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARRIOS, RAYMUNDO**  
3259 NW 28 ST  
MIAMI, FL 33142

**DO NOT WRITE  
IN THIS SPACE**

*Raymundo*

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

*Raymundo Barrios*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/20/05*

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
P  
BARRIOS, RAYMUNDO  
3259 NW 28TH ST  
MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LANG, BERNARDINO  
2257 E 10TH AVENUE  
HIALEAH, FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ALMEYDA, MARIA R  
591 EAST 30 ST.  
HIALEAH, FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARTINEZ, MISAEAL  
6681 WEST 11 CT.  
HIALEAH, FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
AVILA, ELIO  
3251 N.W. 28 ST.  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CABRERA, JOSE  
3054 NW 83 TERR  
MIAMI, FL 33142

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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 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 like empowered.

**SIGNATURE:** *Raymundo Barrios* *4/20/05* *(305) 634-4222*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #