

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

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**



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0696022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

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 reissuing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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, MISAELE 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

**DO NOT WRITE
IN THIS SPACE**

U00000651549
03/09/07-80012-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #