


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91027 008 ***150.00

DOCUMENT # P00000023448

1. Entity Name
LOMEL CORP.



Principal Place of Business Mailing Address
3595 S.W. 143 COURT **3595 S.W. 143 COURT**
MIAMI, FL 33175 **MIAMI, FL 33175**

34002040

2. Principal Place of Business 3. Mailing Address
7850 S.W. 84 Place **7850 S.W. 84 Place**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04292004 Chg-P CR2E034 (10/03)

City & State City & State
Miami, FL **Miami, FL**
 Zip Country Zip Country
33143 **U.S.A.** **33143** **U.S.A.**

4. FEI Number Applied For
65-0993843 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PORTUONDO, JOSEPH J ESQ. 1200 BRICKELL AVENUE SUITE 1480 MIAMI, FL 33131	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MELO, LOURDES 3595 S.W. 143 COURT MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Lourdes Melo 7850 S.W. 84 Place Miami, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELO, AQUILINO 3595 S.W. 143 COURT MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Aquilino Melo 7850 S.W. 84 Place Miami, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Loures Melo, PSTD Date: 4/30/04 Daytime Phone #: 305-345-7941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR