


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90011 033 ***150.00

DOCUMENT # P01000049819	
1. Entity Name MELROSE APARTMENTS OF MIAMI, INC.	

Principal Place of Business 8603 S DIXIE HWY STE 211 MIAMI, FL 33143	Mailing Address 8603 S DIXIE HWY STE 211 MIAMI, FL 33143
--	--

34018368

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01212004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1115514		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 SMOLER, BRUCE J 2611 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		
7. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE 8603 S. DIXIE HWY # 211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELEON, CARLOS		NAME MIAMI, FL 33143	
STREET ADDRESS 14709 S DIXIE HWY 3204		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33176		CITY-ST-ZIP	
TITLE SVP	<input type="checkbox"/> Delete	TITLE 8603 S. DIXIE HWY # 211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZOLMAN, OFFER		NAME MIAMI, FL 33143	
STREET ADDRESS 14709 S DIXIE HWY # 204		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33176		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Carlos Deleon* **president** Date: **2/9/04** Daytime Phone #: **3056634606**