

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90393 017 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000064402

1. Entity Name
MELSAN INVESTMENT, INC.



44041184

Principal Place of Business
19724 E. COUNTRY CLUB DR.
MIAMI, FL 33180

Mailing Address
P.O BOX 801338
AVENTURA, FL 33280-1338

2. Principal Place of Business
1110 BRICKELL AVE

3. Mailing Address
1110 BRICKELL AVE



04072004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
PH-2

Suite, Apt. #, etc.
PH-2

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-1132222

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

6. Name and Address of Current Registered Agent

NAJUN, CARLOS O
19724 E. COUNTRY CLUB.
AVENTURA, FL 33180

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

Signature, typed or printed name of registered agent and title if applicable. (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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
NAJUN, CARLOS O
19724 E. COUNTRY CLUB DR.
AVENTURA, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MINUCHIN, MABEL L
19724 E. COUNTRY CLUB DR.
AVENTURA, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

4/27/04 (207) 373-0123