


2005 CORPORATE ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000111767

1. Entity Name
ANTHONY & MELY, CORP.



Principal Place of Business 4690 NW 183 ST STE E MIAMI, FL 33055-3054	Mailing Address 4690 NW 183 ST STE E MIAMI, FL 33055-3054
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02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1157189	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

**CAJELI, LUIS A
 4690 NW 183 ST STE E
 MIAMI, FL 33055-3054**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAJELI, LUIS A 4690 NW 183 ST STE E MIAMI, FL 330553054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAJELI, EMELANIA 4690 NW 183 ST STE E MIAMI, FL 330553054
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 03/04/05-80017-014 150.00

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: *Luis Cajeli* (**Luis Cajeli**) **02-28-05** (**305**)**623-484**

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Duration Phone #