

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000033774

1. Entity Name
MELENZ INVESTMENT GROUP INC.



Principal Place of Business
**3415 SW 24TH STREET
MIAMI, FL 33145**

Mailing Address
**3415 SW 24TH STREET
MIAMI, FL 33145**



08052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0662816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORONADO, NESTOR
7360 CORAL WAY
SUITE 21
MIAMI, FL 33155**

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MELENZ, LUIS O
STREET ADDRESS	3415 SW 24TH STREET
CITY - ST - ZIP	MIAMI, FL 33145

TITLE	VD
NAME	MELENZ, ANA
STREET ADDRESS	3415 SW 24TH STREET
CITY - ST - ZIP	MIAMI, FL 33145

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/12/04-80008-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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

8/6/04

305-461-9952