2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 8:00 am Secretary of State

1-8-04

· Chalos F.MELO

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P02000040587 1. Entity Name MELO CONTRACTORS CORP.				01-12-2004 90002 039 ***150.00	
Principal Place 615 NE 22 S APT 101 MIAMI, FL 33	TREET	Mailing Address 615 NE 22 STREET APT 101 MIAMI, FL 33137			161 1
	ace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004 Chg-P CR2E034 (10/03)	
City & State	9	City & State		4. FEI Number Applied Not Applied Not Applied	
Zip	Country	Zip ,	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	3l
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
DE MELO, 615 NE 22 APT 101 MIAMI, FL				Address (P.O. Box Number is Not Acceptable) FL Zip Code	
	named entity submits this statement fo ions of registered agent.	the purpose of changing its	registered office o	or registered agent, or both, in the State of Florida. I am familiar with, and a	accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E; Registered Agent signat	sture required when reinstating) DATE	_
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	1 i
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D CARLOS FERREIRA DE MELO 615 NE 22 STREET MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition
NAME STREET ADDRESS CITY-ST-ZIP	D LAURA FERREIRA DE MELO 615 NE 22 STREET MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition
TITLE HAME STREET ADDRESS CITY-SI-ZIP	D -DE MELO, JOSE.LUIS F -L	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15 CT 01 APL # 101	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MELO, MARTIN F ALVAREZ JONTE 5378 BUENOS AIRES ARGENTINA,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	the sign to chart and the	Addition
NAME SIREET ADDRESS CITY-ST-ZIP		☐ Delete '	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change 🗌	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	'	Addition
indicated	I on this report or supplemental report is report in the receiver or trustee emp , or on an attachment with an address?	true and accurate and that	my signature shall I t as required by Ch	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the inform have the same legal effect as if made under oath; that I am an officer or dihapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10 or F. M. LO. 1 8 - 04 305 573 668	irector ck 11 if