

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000040587

1. Entity Name
MELO CONTRACTORS CORP.



Principal Place of Business

**615 NE 22 STREET
APT 101
MIAMI, FL 33137**

Mailing Address

**615 NE 22 STREET
APT 101
MIAMI, FL 33137**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3648934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE MELO, CARLOS F
615 NE 22 STREET
APT 101
MIAMI, FL 33137**

**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-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**D
CARLOS FERREIRA DE MELO
615 NE 22 STREET
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAURA FERREIRA DE MELO
615 NE 22 STREET
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE MELO, JOSE LUIS F
615 NE 22 STREET APT #101
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE MELO, MARTIN F
615 NE 22 STREET APT 101
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/11/05-80056-008 150.00

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: *Martin F. de Melo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/05
Date

305-573-6684
Daytime Phone #