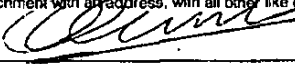


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

04-22-2004 90084 001 ***150.00

DOCUMENT # P02000092064			
1. Entity Name MELROC CORP.			
Principal Place of Business 2875 NE 191ST STREET #801 AVENTURA, FL 33180		Mailing Address 2875 NE 191ST STREET #801 AVENTURA, FL 33180	
2. Principal Place of Business 105 S. RIVERSIDE DR		3. Mailing Address	
Suite, Apt. #, etc. ATTN MANAGER BOX		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State	
Zip 33062	Country Broward	Zip	Country
4. FEI Number 56-2288463		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ. TURNBERRY PLAZA - SUITE 801 2875 N.E. 191ST STREET AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Luis Vico Street Address (P.O. Box Number is Not Acceptable) 5805 BLUE LAGOON DR STE 285 City MIAMI FL Zip Code 33126	
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  DATE 4-19-04 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COIRA, CARLOS 2875 N.E. 191 STREET, SUITE #801 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROMERO, FERMINE E. ☐ Change ☒ Addition 5805 BLUE LAGOON DR #285 MIAMI, FL 33126, President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBEIRA, RUBEN ☐ Change ☒ Addition 5805 BLUE LAGOON DR #285 MIAMI, FL 33126 V/PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  CARLOS COIRA, Director		Date 4-19-04 Daytime Phone # 954 726 8366	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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