2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000107178

Title:

Name:

Address:

City-St-Zip:

FILED Jun 23, 2008 Secretary of State

Entity Na	me: MEL'SI	NVESTMENTS AND RESEAR(CH INC					
Current Principal Place of Business:				New Principal Place of Business:				
4511 NW MIAMI, FL	195 STREET 33055			5590 WES SUITE 304 HIALEAH,				
Current Mailing Address:				New Mailing Address:				
4511 NW MIAMI, FL	195 STREET 33055			5590 WES SUITE 304 HIALEAH,				
FEI Number	: 06-1650860	FEI Number Applied For ()	FEI Num	ber Not Appl	icable ()	Certifica	ate of Status D	esired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
5590 WES	RMEN /ESTMENTS ST 20 AVE #3 FL 33016 U							
	e named entity e of Florida.	submits this statement for the	purpose of	changing it	ts registere	d office or ı	registered ag	ent, or both,
SIGNATU	RE:							
	Electro	onic Signature of Registered Ag	jent				Date	
OFFICER	S AND DIRE	CTORS:		ADDITION	S/CHANG	ES TO OFF	FICERS AND	DIRECTORS
Title: Name: Address: City-St-Zip:	P (VELIZ, CARM 4511 NW 195 MIAMI, FL 33	STREET		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	V (CABRERO, L 4511 NW 195 MIAMI, FL 33	STREET		Title: Name: Address: City-St-Zip:	V CABRERO, 7225 NORT MIAMI, FL	TH OAKMONT	, ,	
Title: Name: Address: City-St-Zip:	T (CABRERO, C 4511 NW 198 MIAMI, FL 33	STREET		Title: Name: Address: City-St-Zip:	T CABRERO, 7225 NORT MIAMI, FL	TH OAKMONT		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LLISMEL O. CABRERO ٧ 06/23/2008

(X) Delete

VELIZ, RAFAEL

MIAMI, FL 33055

4511 NW 195 STREET

() Change () Addition