

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000107800

1. Entity Name
MELENA GENERAL SERVICES, INC.



**FILED
Mar 04, 2005 8:00 am
Secretary of State**

03-04-2005 90093 026 ***150.00

DUUZ2525



03012005 Chg-P CR2E034 (10/03)

Principal Place of Business		Mailing Address	
6455 S.W. 34TH ST. MIAMI, FL 33155		6455 S.W. 34TH ST. MIAMI, FL 33155	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ZIP	Country	Zip	Country
6. Name and Address of Current Registered Agent			
FELIPE LOPEZ, JAVIER J 6455 S.W. 34TH ST. MIAMI, FL 33155			
Name Street Address (P.O. Box Number is Not Acceptable) City			
FL Zip Code			
7. Name and Address of New Registered Agent			

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 reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIPE, JAVIER J		
STREET ADDRESS	6455 SW 36ST		
CITY-ST-ZIP	MIAMI, FL 33155		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Javier J. Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05

Date

Daytime Phone #