## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE!

## Mar 12, 2004 8:00 am **Secretary of State DOCUMENT # P03000156716** 03-12-2004 90028 047 \*\*\*150.00 1. Entity Name MELLAR, INC. Mailing Address Principal Place of Business ሬኳሀም " C/O M.Y. FUTURE C/O M.Y. FUTURE 680 W. INDUSTRIAL AVENUE, #4 680 W. INDUSTRIAL AVENUE, #4 BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 2. Principal Place of Business 3. Mailing Address 146 SE 27 500 NE SPANISH RIVER BIVD Suite, Apt. #, etc. Suite, Apt. #, etc. 03062004 CR2E034 (10/03) Boca RATON 4. FEI Number 20-0541109 City & State Applied For FL BOYNTON FL BCH Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33435 33431 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MELAN: E GRAY Η. YOHE, MARK D Street Address (P.O. Box Number is Not Acceptable) C/O M.Y. FUTURE 680 W. INDUSTRIAL AVENUE, #4 BOYNTON BEACH, FL 33426 146 SE 27 PLACE BOYNTON BCH 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 MELANIE H. GRAY the obligations of registered agent. - PRESIDENT-SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. $\rightarrow \mathcal{D}, P,$ TITLE Delete Change Addition GRAY, MELANIE H NAME 146 SE 27TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP TITLE TITLE →D, VP, 5 Change Addition GRAY, LAWRENCE M NAME NAME STREET ADDRESS 146 SE 27TH PLACE STREET ADDRESS BOYNTON BEACH, FL 33435 CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHÝ-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-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

MELANIE H. GRAY - PRESIDENT

SIGNING OFFICER OR DIRECTOR

FILED