



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90026 014 ***150.00

DOCUMENT # P04000045014					
1. Entity Name MARLENE CONSTRUCTION CORP. <i>Delete</i> MELVIAN J. and J CORP.					
Principal Place of Business 3105 SW 27TH TERRACE MIAMI, FL 33133			Mailing Address 3105 SW 27TH TERRACE MIAMI, FL 33133		
<i>Delete</i>			<i>Delete</i>		
2. Principal Place of Business - No P.O. Box # 1531 DREXEL Rd Suite, Apt. #, etc. # 439		3. Mailing Address 1531 DREXEL Rd Suite, Apt. #, etc. # 439			
City & State W P B F		City & State W P B F		4. FEI Number 20-0869585	
Zip 33417		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AVELAR, JUAN R <i>Delete</i> MELVIAN MATAMOROS 3105 SW 27TH TERRACE MIAMI, FL 33133				7. Name and Address of New Registered Agent Name: José Benítez / Efraim Benítez Street Address (P.O. Box Number is Not Acceptable): 1531 DREXEL Rd #439 City: W P B F FL Zip Code 33417	
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 4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	P <input type="checkbox"/> <i>Delete</i> MELVIAN, MATAMOROS 3105 SW 27TH TERRACE MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input checked="" type="checkbox"/> <i>Change</i> <input type="checkbox"/> <i>Addition</i> José Benítez 1531 DREXEL Rd #439 W P B F 33417		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> <i>Delete</i> SORIANO, REYNA 3105 SW 27TH TER MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sub-Director <input type="checkbox"/> <i>Change</i> <input checked="" type="checkbox"/> <i>Addition</i> Efraim Benítez 1531 DREXEL Rd #439 W P B F 33417		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> <i>Delete</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> <i>Change</i> <input type="checkbox"/> <i>Addition</i>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>M. Matamoros</i> 4/29/08 786-356679 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					