

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000045014

1. Entity Name  
~~MARLENE CONSTRUCTION, CORP.~~ Delete  
MELVIAN J. and J. CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN 17 AM 10:39

Principal Place of Business  
8105 SW 27TH TERRACE  
MIAMI, FL 33132 Delete

Mailing Address  
3108 SW 27TH TERRACE  
MIAMI, FL 33183 Delete

2. Principal Place of Business - No P.O. Box #  
1531 DREXEL Rd  
Suite, Apt. #, etc.  
# 439  
City & State  
W P B F  
Zip  
33417  
Country

3. Mailing Address  
1531 DREXEL Rd  
Suite, Apt. #, etc.  
# 439  
City & State  
W P B F  
Zip  
33417  
Country

04292008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-0869585  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~AGENCIA SORIANO~~ Delete  
MELVIAN MATAMOROS  
3105 SW 27TH TERRACE  
MIAMI, FL 33133

7. Name and Address of N  
Name José 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/09

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELVIAN, MATAMOROS 3105 SW 27TH TERRACE MIAMI, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORIANO, REYNA 3105 SW 27TH TER MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director José Benítez 1531 DREXEL Rd #439 WPBF 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sub-Director Efraim Benítez 1531 DREXEL Rd #439 WPBF 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 without address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/09 786-35-6679

Date

Daytime Phone #