


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90346 016 \*\*\*150.00

**DOCUMENT # P04000051975**

1. Entity Name  
**MELIER HOLDINGS, CORP.**



Principal Place of Business  
**2543 ROYAL PALM WAY**  
**WESTON, FL 33327**

Mailing Address  
**2543 ROYAL PALM WAY**  
**WESTON, FL 33327**

**50040550**



2. Principal Place of Business  
**2545 Royal Palm Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2545 Royal Palm Way**  
 Suite, Apt. #, etc.

04022005 Chg-P CR2E034 (10/03)

City & State  
**Weston, FL**

City & State  
**Weston, FL**

Zip  
**33327** Country **USA**

Zip  
**33327** Country **USA**

4. FEI Number  
**56-2445735** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BERNAL-VEGA, MELISSA C**  
**2543 ROYAL PALM WAY**  
**WESTON, FL 33327**

**2545 Royal Palm Way**


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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:  **Melissa C. Bernal-Vega, Director** **4-2/05**  
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

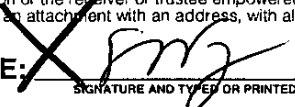
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERNAL-VEGA, MELISSA C <del>2543 ROYAL PALM WAY</del> <b>2545 Royal Palm Way</b> WESTON, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VEGA, ERNESTO <del>2543 ROYAL PALM WAY</del> <b>2545 Royal Palm Way</b> WESTON, FL 33327	<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
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		<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
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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 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:  **Melissa C. Bernal-Vega** **4-2/05** **646-5677**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #