

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000156085

1. Entity Name
MELVIN TERCERO INC.



FILED

07 SEP 19 AM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13870 S. W. 62 ST
SUITE 307
MIAMI, FL 33183 US

Mailing Address

13870 S. W. 62 ST
SUITE 307
MIAMI, FL 33183 US

2. Principal Place of Business - No P.O. Box #

13870 SW 62 ST.
Suite, Apt. #, etc.
Apt. 307
City & State
Miami, FL

3. Mailing Address

13870 SW 62 ST
Suite, Apt. #, etc.
Apt. 307
City & State
Miami, FL



09102007

Chg-P

CR2E034 (12/06)

07

4. FEI Number

51-0616545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERCERO, MELVIN A SR.
13870 S.W. 62 ST.
SUITE 307
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name
MELVIN TERCERO
Street Address (P.O. Box Number is Not Acceptable)
13870 SW 62 ST. Apt. 307
Miami - FL 33183
City Zip Code
FL

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)

09-17-07

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TERCERO, MELVIN A SR.	
STREET ADDRESS	13870 S.W. 62 ST SUITE 307	
CITY - ST - ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800110062618
CITY - ST - ZIP	09/28/07--01057--009 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800110062618
CITY - ST - ZIP	09/28/07--01057--010 **8.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-17-07

Date

786-3554304

Daytime Phone #