

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096753

FILED
Apr 29, 2005
Secretary of State

Entity Name: JULIO M. MELENDEZ, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

3990 ORIGAMI LANE
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

4773 CHARING CROSS RD
SARASOTA, FL 34241

New Mailing Address:

3990 ORIGAMI LANE
SARASOTA, FL 34235

FEI Number: 65-0790331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MELENDEZ, JULIO M
3990 ORIGAMI LANE
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

MELENDEZ, JULIO M PA
3990 ORIGAMI LANE
SARASOTA, FL 34235 US

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.

SIGNATURE: JULIO MELENDEZ

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MELENDEZ, JULIO M
Address: 3990 ORIGAMI LANE
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: PINTZAN, HERMAN
Address: 3990 ORIGAMI LANE
City-St-Zip: SARASOTA, FL 34235

Title: VP (X) Delete
Name: MELENDEZ, SHERYL
Address: 4773 CHARING CROSS RD.
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MELENDEZ, SHERYL A
Address: 3990 ORIGAMI LANE
City-St-Zip: SARASOTA, FL 34235

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO MELENDEZ

PST

04/29/2005

Electronic Signature of Signing Officer or Director

Date