


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90045 013 \*\*\*150.00

<b>DOCUMENT # P98000077461</b> 1. Entity Name <b>MELENZ BROTHERS DRYWALL INC.</b>			
Principal Place of Business <b>17360 S.W. 232ND STREET LOT #71 MIAMI FL 33170</b>		Mailing Address <b>17360 S.W. 232ND STREET LOT #71 MIAMI FL 33170</b>	
2. Principal Place of Business <b>2719 SW 112th Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>2719 SW 112th Rd</b> Suite, Apt. #, etc.	
City & State <b>Webster FL 33597</b> Zip Country <b>33597 Sumter (USA)</b>		City & State <b>Webster FL</b> Zip Country <b>33597 Sumter (USA)</b>	
4. FEI Number <b>65-0860656</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MELENZ, DANIEL 17360 S.W. 232ND STREET LOT #71 MIAMI FL 33170</b>		7. Name and Address of New Registered Agent Name <b>Melenz, Daniel</b> Street Address (P.O. Box Number is Not Acceptable) <b>2719 SW 112th Rd</b> City <b>Webster</b> <b>FL</b> Zip Code <b>33597</b>	
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 <b>DANIEL MELENZ G</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MELENZ, DANIEL 17360 S.W. 232ND STREET, LOT 71 MIAMI FL 33170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELENZ, ALEJANDRO 1060 N.W. 12TH STREET MIAMI FL 33030	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <b>DANIEL MELENZ G</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/1/05</b> <small>Date Daytime Phone #</small>	