

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000016410**

1. Entity Name

MARY MELENDEZ & ASSOCIATES, INC.



Principal Place of Business

7540 US HWY. ONE, TSE. 103  
LANTANA, FL 33462

Mailing Address

7540 US HWY. ONE, TSE. 103  
LANTANA, FL 33462



**DO NOT WRITE IN THIS SPACE**

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0898490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELENDEZ, MARIBEL  
7540 US HWY. ONE, TSE. 103  
LANTANA, FL 33462

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IN THIS SPACE**

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

**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

1000000321749  
04/21/05-80091-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MELENDEZ, MARY  
STREET ADDRESS 7540 US HWY STE 103  
CITY-ST-ZIP LAKE WORTH, FL 33462

TITLE VP  
NAME PINTO, SANUBIS  
STREET ADDRESS 450 SEAGRAPE RD  
CITY-ST-ZIP LAKE WORTH, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-18-05

Date

Daytime Phone #