

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90026 001 ***150.00

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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

60024400



04122008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0898490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-12-08