

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P99000089159**

1. Entity Name  
**MEMELO OUTBOARD MOTOR SERVICE, CORP.**



**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90030 036 \*\*\*150.00

Principal Place of Business

**19620 SW 234 STREET  
MIAMI, FL 33031**

Mailing Address

**19620 SW 234 STREET  
MIAMI, FL 33031**

2. Principal Place of Business

**115 E Lucy St.**

Suite, Apt. #, etc.

**Florida City, FL**

City & State

**33034**

Zip

Country

3. Mailing Address

**115 E Lucy St.**

Suite, Apt. #, etc.

**Florida City, FL**

City & State

**33034**

Zip

Country

03232004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0958815**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ACOSTA, JUAN M  
19620 SW 234 ST  
MIAMI, FL 33031**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 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** ☐ Delete  
NAME **ACOSTA, JUAN M**  
STREET ADDRESS **10431 SW 88 ST, D404**  
CITY- ST- ZIP **MIAMI, FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/23/04**

Date

Daytime Phone #

**786 253725**