


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90075 002 ***150.00

DOCUMENT # P99000105711			
1. Entity Name MELRAY MOTORS, CORP.			
Principal Place of Business 1375-N.W. 97 AVE. #13 #13 MIAMI FL 33126 3208 ↓		Mailing Address 8675 S.W. 29 ST MIAMI FL 33155	
2. Principal Place of Business 3208 E 4 Ave Suite, Apt. #, etc. Hialeah		3. Mailing Address SAME 8675 SW 29st Suite, Apt. #, etc.	
City & State FI		City & State Miami FI	
Zip 33013	Country	Zip 33155	Country

24074349



MOORE CR2E034 (11/03)

4. FEI Number 65-0966056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LARIOS, MELBA M 7406-NW-8TH-ST MIAMI FL 33126		7. Name and Address of New Registered Agent Name MELBA M LARIOS Street Address (P.O. Box Number is Not Acceptable) 8675 SW 29 ST Miami City MIAMI FL Zip Code 33155	
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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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LARIOS, MELBA M 7406-NW-8TH-ST MIAMI FL <i>8675 SW 29st Miami FI 33155</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, RAY 7406-NW-8TH-ST MIAMI FL 33126 <i>8675 SW 29st Miami FI 33155</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ray Rodriguez 305-803 5108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #