

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007138

**Entity Name:** DOLORES MELHADO MEMORIAL FOUNDATION INC.,

**Current Principal Place of Business:**

1100 SAINT CHARLES PLACE  
APT. 318  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1100 SAINT CHARLES PLACE  
APT. 318  
PEMBROKE PINES, FL 33026 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MELHADO, PEREZ A.  
1100 SAINT CHARLES PLACE  
APT. 318  
PEMBROKE PINES, FL 33026 US

*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.*

**SIGNATURE:** PEREZ MELHADO

02/09/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name MELHADO, PEREZ A.  
Address 1100 SAINT CHARLES PLACE APT 318

City-State-Zip: PEMBROKE PINES FL 33026

Title DIR  
Name MELHADO, ALLYSIA  
Address 1100 SAINT CHARLES PLACE APT 318

City-State-Zip: PEMBROKE PINES FL 33026

Title DIR  
Name MELHADO, SHAYLA  
Address 1100 SAINT CHARLES PLACE  
APT. 318

City-State-Zip: PEMBROKE PINES FL 33026

Title DIR  
Name MILLER, ANDREA  
Address 1100 SAINT CHARLES PLACE APT 318

City-State-Zip: PEMBROKE PINES FL 33026

Title P  
Name MELHADO, PERCY  
Address 1100 SAINT CHARLES PLACE APT 318

City-State-Zip: PEMBROKE PINES FL 33026

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEREZ MELHADO

PRESIDENT

02/09/2025

Electronic Signature of Signing Officer/Director Detail

Date