

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002848

**Entity Name:** MELI THERAPY GROUP INC

**Current Principal Place of Business:**

6900 W 32 AVE  
12  
HIALEAH, FL 33018

**Current Mailing Address:**

6900 W 32 AVE  
12  
HIALEAH, FL 33018 UN

**FEI Number:** 82-0949841

**Certificate of Status Desired:** No

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

CHILLON, ORLANDO  
6900 W 32 AVE  
12  
HIALEAH, FL 33018 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CHILLON, ORLANDO  
Address 6900 W 32 AVE SUITE 12  
City-State-Zip: HIALEAH FL 33018

*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:** ORLANDO CHILLON

**PRESIDENT**

**01/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date