


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90047 036 \*\*\*\*61.25

<b>DOCUMENT # N00000004900</b> 1. Entity Name <b>OLGA AND DAVID MELIN FOUNDATION, INC.</b>	
--	---

Principal Place of Business <b>1800 NE 114TH ST, #1709</b> <b>MIAMI, FL 33181</b>	Mailing Address <b>1800 NE 114TH STREET</b> <b>SUITE 1709</b> <b>MIAMI, FL 33181</b>
---	---

40067939



2. Principal Place of Business - No P.O. Box # <b>16051 Collins Ave.</b> Suite, Apt. #, etc. <b>2601</b> City & State <b>SUNNY ISLES BEACH, FL.</b> Zip <b>33160-4621</b>	3. Mailing Address <b>16051 Collins Ave.</b> Suite, Apt. #, etc. <b>APT. 2601</b> City & State <b>SUNNY ISLES BEACH, FL.</b> Zip <b>33160-4621</b>
--	---

03192008	Chg-NP	CR2E037 (12/06)
4. FEI Number <b>65-1036928</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BERK, ARTHUR J ESQ</b> <b>848 BRICKELL AVENUE SUITE 200</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
--	--	---	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
---	--	------------------------------------	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	NAME MELIN, OLGA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>16051 Collins Ave., Apt. 2601</b>
	STREET ADDRESS 1800 NE 114TH ST, #1709		STREET ADDRESS <b>SUNNY ISLES BEACH, FL.</b>
	CITY-ST-ZIP MIAMI, FL 33181		CITY-ST-ZIP <b>33160-4621</b>
TITLE D <input type="checkbox"/> Delete	NAME MELIN, DAVID	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>16051 Collins Ave., Apt. 2601</b>
	STREET ADDRESS 1800 NE 114TH ST, #1709		STREET ADDRESS <b>SUNNY ISLES BEACH, FL.</b>
	CITY-ST-ZIP MIAMI, FL 33181		CITY-ST-ZIP <b>33160-4621</b>
TITLE D <input type="checkbox"/> Delete	NAME MELIN, GINA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>16051 Collins Ave., Apt. 2601</b>
	STREET ADDRESS 1800 NE 114TH ST, #1709		STREET ADDRESS <b>SUNNY ISLES BEACH, FL.</b>
	CITY-ST-ZIP MIAMI, FL 33181		CITY-ST-ZIP <b>33160-4621</b>
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP

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 617, 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: <i>X [Signature]</i> SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)	Date <b>X 4 / 10 / 08</b>	Daytime Phone # <b>X 305 944 9994</b>
---	------------------------------	--