

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90041 018 ***150.00

00000283



01042006 Chg-P CR2E034 (11/05)

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # 602572 1. Entity Name MELVIN AND MELVIN, P.A. | | | | | |
| Principal Place of Business 3101 N. FEDERAL HIGHWAY STE 602 FORT LAUDERDALE, FL 33306 US | | | Mailing Address 3101 N. FEDERAL HIGHWAY STE 602 FORT LAUDERDALE, FL 33306 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 59-1308933 | | | 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 MICHAEL W MELVIN 3101 N. FEDERAL HIGHWAY STE 602 FT LAUDERDALE, FL 33306 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PS MELVIN, MICHAEL W 3101 N. FEDERAL HIGHWAY, STE 602 FT LAUDERDALE, FL 00000, <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MELVIN, MICHAEL W 3101 N. DEDERAL HIGHWAY, STE 602 FT LAUDERDALE, FL 00000, <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MELVIN, MICHAEL W 3101 N. FEDERAL HIGHWAY, STE 602 FORT LAUDERDALE, FL <input type="checkbox"/> Delete | | 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 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 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: <i>Michael W. Melvin</i> Michael W. Melvin 1/5/06 954-566-8045 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

MELVIN & MELVIN P.A.
MICHAEL W MELVIN
3101 N FEDERAL HWY #602
FT LAUDERDALE, FL 33306

WCMA® Working Capital
Management™ Account


607

ATTACHMENT

DATE _____

25-80/440

PAY TO THE
ORDER OF

Florida Department of State *\$15000*
One hundred fifty and no/100 DOLLARS 

60000283
602572

 **Merrill Lynch**

BANK ONE BANK ONE COLUMBUS, OH
CHARTERED BANK 43271

MEMO

Annual fees



⑆044000804⑆ 040802072887⑈ 0607