2007 FOR PROFIT CORPORATION
ANNUAL REPORT.

DOCUMENT # 661031

1. Entity Name
MELODI ENTERPRISES INC.

Principal Place of Business	Mailing Address
3061 SW 109 CT	3061 SW 109 CT
MIAMI, FL 33165	MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

02162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2000088	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

DIAZ, LUIS O
3061 WS 109 CT
MIAMI, FL 33165

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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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	.

10.   OFFICERS AND DIRECTORS

TITLE	SD
NAME	DIAZ, MARIA E
STREET ADDRESS	3061 SW 109 CT
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	DIAZ, LUIS P
STREET ADDRESS	3061 SW 109 CT
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/07-80038-006 150.00

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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: _Luis O Diaz_   _Luis O Diaz_   _2-19-07_   _305 746104_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #