


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 752189		
1. Entity Name MELI CONDOMINIUM, INC.		
Principal Place of Business 1830-54 NW 20TH ST MIAMI, FL 33142		Mailing Address 1830-54 NW 20TH ST MIAMI, FL 33142
DO NOT WRITE IN THIS SPACE		
		04062006 No Chg-NP CR2E037 (11/05)
4. FEI Number 65-0318697		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MITRANI, MOISES 1848 NW 20 ST MIAMI, FL 33142		DO NOT WRITE IN THIS SPACE
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 resigning) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MITRANI, MOISES 1848 NW 20TH ST MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPO MITRANI, SALOMON 7505 ESPANOLA AVE. MIAMI, FL 33141	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD ZAMORA, CAROLINA 1830 NW 20TH ST MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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, the empowered.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____