


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G68688**  
 1. Entity Name  
**MELIDONI, INC.**



Principal Place of Business  
**1202 E., HILLSBORO, BLVD  
 DEERFIELD, BCH., FL 33441**

Mailing Address  
**1202 E., HILLSBORO, BLVD  
 DEERFIELD, BCH., FL 33441**



01042006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2434354</b>	Applied For 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  
**DOTRO, JOSEPH  
 1202 E. HILLSBORO BLVD  
 DEERFIEL BCH, FL 33441**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTRO, ROSEMARIE 1202 EAST HILLSBORO BLVD DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD DOTRO, JOSEPH 1202 EAST HILLSBORO BLVD DEERFIELD BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000458560  
 03/17/06-80051-002 150.00

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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: Joseph Dotro **3/3/06** **954-429-3133**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #