


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H21556</b> 1. Entity Name MEL ENTERPRISES, INC.	
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Principal Place of Business 7030 N.W. 108 AVE TAMARAC, FL 33321 US	Mailing Address 7030 NW 108 AVE TAMARAC, FL 33321 US
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DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2668993	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

LINDENBAUM, ELAINE  
7030 NW 108 AVE  
TAMARAC, FL 33321

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000096187 03/25/04-80020-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LINDENBAUM, ELAINE 7030 NW 108 AVE TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARM, TRACEY 2134 RADNOR CT NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDENBAUNE, HOWARD 340 E. 74 STREET, APT 4C NEW YORK, NY 10021
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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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Elaine Lindenbaum = ELAINE LINDENBAUM 3/23/04 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #