


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H21556</b> 1. Entity Name <b>MEL ENTERPRISES, INC.</b>		
Principal Place of Business <b>7030 N.W. 108 AVE TAMARAC, FL 33321 US</b>		Mailing Address <b>7030 NW 108 AVE TAMARAC, FL 33321 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LINDENBAUM, ELAINE 7030 NW 108 AVE TAMARAC, FL 33321</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 LINDENBAUM, 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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Elaine Lindenbaum</u> <b>ELAINE LINDENBAUM</b> 5/1/05 954-741-30 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



05112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2668993</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

UD00000366561  
05/13/05-80008-022 150.00

**DO NOT WRITE  
IN THIS SPACE**