

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H21556

1. Entity Name
MEL ENTERPRISES, INC.



Principal Place of Business

**7030 N.W. 108 AVE
TAMARAC, FL 33321 US**

Mailing Address

**7030 NW 108 AVE
TAMARAC, FL 33321 US**



04162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2668993

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retainering)

DATE

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

000000522112
05/03/06-80019-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Elaine Lindenbaum ELAINE LINDENBAUM 4/17/06 754-741-300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #