


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90292 021 ***150.00

DOCUMENT # M55020 1. Entity Name MELI INVESTMENT, CORP.					
Principal Place of Business 2701 LE JEUNE RD., STE. 410 CORAL GABLES, FL 33134 US			Mailing Address 2701 LE JEUNE RD., STE. 410 CORAL GABLES, FL 33134 US		
2. Principal Place of Business 804 DOUGLAS ROAD Suite, Apt. #, etc. 565		3. Mailing Address 804 DOUGLAS ROAD Suite, Apt. #, etc. 565			
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL			
Zip 33134		Country US		4. FEI Number 59-2820726	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DE OLIVEIRA, CRISTINA 2701 LE JEUNE RD #410 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 804 DOUGLAS ROAD 565 City CORAL GABLES FL Zip Code 33134	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MESA, RAUDEL 2701 LEJEUNE RD. #410 CORAL GABLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MESA, RENALDO 2701 LEJEUNE RD. #410 CORAL GABLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MESA, RAUDEL 804 DOUGLAS ROAD 565 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MESA, RENALDO 804 DOUGLAS ROAD 565 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MESA, RAUDEL 804 DOUGLAS ROAD 565 CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MESA, RENALDO 804 DOUGLAS ROAD 565 CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>TR. RAUDEL</u> 4/6/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					