2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004900

1. Entity Name
OLGA AND DAVID MELIN FOUNDATION, INC.

Principal Place of Business
1800 NE 114TH ST, #1709
MIAMI, FL 33181

Mailing Address
1800 NE 114TH STREET
SUITE 1709
MIAMI, FL 33181

01302006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 65-1036928 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERK, ARTHUR J ESQ
848 BRICKELL AVENUE SUITE 200
MIAMI, FL 33131

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MELIN, OLGA
STREET ADDRESS	1800 NE 114TH ST, #1709
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	D
NAME	MELIN, DAVID
STREET ADDRESS	1800 NE 114TH ST, #1709
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	D
NAME	MELIN, GINA
STREET ADDRESS	1800 NE 114TH ST, #1709
CITY-ST-ZIP	MIAMI, FL 33181
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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03/04/06-80041-006 61.25

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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 617, 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: X _____ X Feb 15 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #