


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 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
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**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1036928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELIN, OLGA 1800 NE 114TH ST, #1709 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELIN, DAVID 1800 NE 114TH ST, #1709 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELIN, GINA 1800 NE 114TH ST, #1709 MIAMI, FL 33181
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000000735210  
 05/10/07-80024-019 61.25

**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 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 [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/24/07 Daytime Phone #: X [Signature]