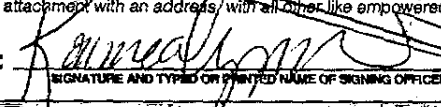


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000006459			
1. Entity Name MELDERIKA, INC.			
Principal Place of Business 1106 DERBYSHIRE RD. HOLLY HILL, FL 32117	Mailing Address 1106 DERBYSHIRE RD. HOLLY HILL, FL 32117		
			
		03022005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 01-0578829	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
DIEP, KONMEALY M 1106 DERBYSHIRE RD. HOLLY HILL, FL 32117			
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	U000000254708 03/07/05-80086-002 150.00	
NAME	HEANG, BUN		
STREET ADDRESS	64 WOODLAWN DR		
CITY-ST-ZIP	PALM COAST, FL 32164		
TITLE	D		
NAME	DIEP, KONMEALY M		
STREET ADDRESS	64 WOOD LAWN DR		
CITY-ST-ZIP	PALM COAST, FL 32164		
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)(f), 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: 		3-2-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	