

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000047469

1. Entity Name
MELDAKAR MANAGEMENT, INC.



Principal Place of Business
260 N W 118TH AVE
CORAL SPRINGS, FL 33071

Mailing Address
260 N W 118TH AVE
CORAL SPRINGS, FL 33071



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0673685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYER, LYNVAL
260 N W 118TH AVE
CORAL SPRINGS, FL 33071

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	DYER, DAJHUN
STREET ADDRESS	260 NW 118TH AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071

TITLE	P
NAME	DYER, LYNVAL
STREET ADDRESS	260 NW 118TH AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000092321
04/23/08-80061-012 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/8

(305) 218 5628

Date

Daytime Phone #