

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064310

FILED
Jul 08, 2005
Secretary of State

Entity Name: MELISSA AIR, INC.

Current Principal Place of Business:

2521 METRO CENTER BLVD.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

2521 METROCENTRE BLVD.
WEST PALM BEACH, FL 33407

Current Mailing Address:

2521 METRO CENTER BLVD.
WEST PALM BEACH, FL 33407

New Mailing Address:

2521 METROCENTRE BLVD.
WEST PALM BEACH, FL 33407

FEI Number: 35-2198281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, LOUIS
505 S FLAGLER DR STE 900
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MELGEN, SOLOMON
Address: 2521 METRO CENTER BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MELGEN, SALOMON
Address: 2521 METROCENTRE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALOMON MELGEN, M.D.

D

07/08/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date