


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000066131</b> 1. Entity Name MFT PROPERTIES CORP.	
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Principal Place of Business 31124 WRENCREST DR. WESLEY CHAPEL, FL 33543	Mailing Address 31124 WRENCREST DR. WESLEY CHAPEL, FL 33543
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**DO NOT WRITE IN THIS SPACE**



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0459001	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  VERONA LAW GROUP, P.A. 7235 CENTRAL AVE ST PETERSBURG, FL 33707
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UN0000274149 03/23/05-80059-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELATTI, LEE 4602 AVE LONGCHAMPS LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELATTI, LIVIO 31124 WRENCREST DR. WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELATTI, CHISTOPHER 155 LOCHMEAD WAY FAYETTEVILLE, GA 30215
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Livio R Melatti 3/14/05 813 994 7107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LIVIO R. MELATTI