

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000052606

1. Entity Name
MELPAST INC



Principal Place of Business
**777 NE. 79TH ST. CAUSEWAY
SUITE 102
MIAMI, FL 33138**

Mailing Address
**777 NE. 79TH ST. CAUSEWAY
SUITE 102
MIAMI, FL 33138**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3758335

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUGO, YAMILET
5040 NW 7TH STREET, STE 414
MIAMI, FL 33126**

**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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000588487
01/17/07-80074-013 150.00**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
LUGO, YAMILET
STREET ADDRESS
5040 NW 7TH ST SUITE 414
CITY-ST-ZIP
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

Date

Daytime Phone #

YAMILET LUGO 1/11/07 305-868-6104.