## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 07, 2007 08:00 AM DOCUMENT # P03000086066 **Secretary of State** M.E.L. DEVELOPMENT CORP. Principal Place of Business Mailing Address 2110 SW 139 COURT 2110 SW 139 COURT MIAMI, FL 33175 MIAMI, FL 33175 01142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 33-1067151 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, MARITZA DO NOT WRITE 2110 SW 139 COURT MIAMI, FL 33175 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SOBRADO, LAZARO U00000625103 STREET ADDRESS 2110 SW 139 COURT 02/14/07-80061-024 158.75 CITY-ST-ZIP MIAMI, FL 33175 VST TRUE GONZALEZ, MARITZA NAME STREET ADDRESS 2110 SW 139 COURT CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier 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 507, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED MAME OF MINING OFFICER

\_\_\_\_

1 (30) 613-996,

FILED