

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099195

Entity Name: MELINDA GONCALVES CPA P.A.

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

18140 SW 97TH AVENUE  
MIAMI, FL 33157

**New Principal Place of Business:**

10689 NORTH KENDALL DRIVE  
SUITE #212  
MIAMI, FL 33176

**Current Mailing Address:**

18140 SW 97TH AVENUE  
MIAMI, FL 33157

**New Mailing Address:**

10689 NORTH KENDALL DRIVE  
SUITE #212  
MIAMI, FL 33176

FEI Number: 03-0528187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONCALVES, MELINDA A PRES  
1306 LISBON STREET  
CORAL GABLES, FL 33134 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GONCALVES, MELINDA A  
Address: 18140 SW 97TH AVENUE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GONCALVES, MELINDA A  
Address: 10689 NORTH KENDALL DRIVE, SUITE #212  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MELINDA ANN GONCALVES

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date