

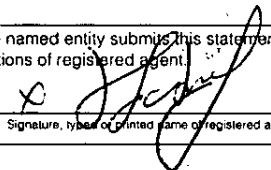
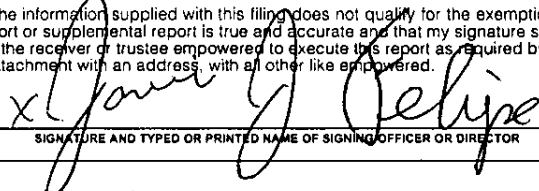


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90124 039 ***150.00

DOCUMENT # P03000107800 1. Entity Name MELENA GENERAL SERVICES, INC.					
Principal Place of Business 6455 S.W. 34TH ST. MIAMI, FL 33155			Mailing Address 6455 S.W. 34TH ST. MIAMI, FL 33155		
2. Principal Place of Business 7512 W 20 Ave Suite, Apt. #, etc. 206		3. Mailing Address Suite, Apt. #, etc. 			
City & State Hialeah FL		City & State 		4. FEI Number 20-0269894	
Zip 33016		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELIPE LOPEZ, JAVIER J 6455 S.W. 34TH ST. MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Jesús Felipe Street Address (P.O. Box Number is Not Acceptable) 7512 W 20 Avenue # 206 City Hialeah FL Zip Code 33016	
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  2-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELIPE, JAVIER J 6455 SW 36ST MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jesús Felipe 7512 W 20 Avenue # 206 Hialeah FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: 			2-27-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		