

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90010 004 ***150.00

DOCUMENT # P03000107800					
1. Entity Name MELENA GENERAL SERVICES, INC.					
Principal Place of Business 7512 W 20 AVE 206 HIALEAH, FL 33016			Mailing Address 6455 S.W. 34TH ST. MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 7512 W 20 AVE.		3. Mailing Address 7512 W 20 AVE.		40043314  03262007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. 206		Suite, Apt. #, etc. 206			
City & State Hialeah, FL		City & State Hialeah, FL			
Zip 33016		Country U.S.A.		4. FEI Number 20-0269894	
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 7512 W 20 AVE 206 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name <u>Jesus Felipe.</u> Street Address (P.O. Box Number is Not Acceptable) 7512 W 20 AVE 206 City <u>Hialeah</u> FL Zip Code <u>33016</u>		
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 <u>[Signature]</u> DATE <u>3/26/07</u> <small>(NOTE: Registered Agent's signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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, JESS <input checked="" type="checkbox"/> Delete 7512 W 20 AVE 206 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Felipe, Jesus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7512 W 20 AVE 206 Hialeah, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered. SIGNATURE: <u>[Signature]</u> DATE <u>3/26/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					