2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 22, 2006 08:00 Al DOCUMENT # P04000034495 **Secretary of State** MELO'S CAFE, INC. Principal Place of Business Mailing Address 1800 N MIAMI AVE 62 NE 14 SHEET MIAMI, FL 33132 MIAMI, FL 33136 01172006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 90-0150294 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLLETTI, JOSEPH R --- ---DO NOT WRITE 3550 BISCAYNE BLVD STE 610 MIAMI, FL 33136 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE -DATE Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. nes MELO, LUIZ R KKIMF STREET ADDRESS 1800 N MIAMI AVE CITY-ST-ZIP MIAMI, FL 33136 DVT SCHMIDT, CHRISTA NAME 04/06/06-80027-004 150.00 STREET ADDRESS 1800 N MIAMI AVE CITY-SI-ZIP MIAMI, FL 33136 MLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZP IN THIS SPACE MLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CRY-ST-ZP

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND PRINTED OR PRINTED NAME OF SIGNING CHILDER OR DISECTOR

MARCH, 14 20

305-4319742