

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90002 019 ***150.00

DOCUMENT # P04000035783 1. Entity Name MELAN PROPERTIES, INC.																											
Principal Place of Business 1801 MAHAFFEY CIRCLE LAKELAND, FL 33811		Mailing Address 1801 MAHAFFEY CIRCLE LAKELAND, FL 33811																									
2. Principal Place of Business 10875 CORY LAKE DR Suite, Apt. #, etc.		3. Mailing Address 10875 CORY LAKE DR Suite, Apt. #, etc.																									
City & State TAMPA FL Zip 33647 Country USA		City & State TAMPA FL Zip 33647 Country USA																									
4. FEI Number 05272005 Chg-P		CR2E034 (10/03) Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PATEL, KAMAL 1801 MAHAFFEY CIRCLE LAKELAND, FL 33811																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10875 CORY LAKE DR City TAMPA FL Zip Code 33647		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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																									
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P, D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PATEL, KAMAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1801 MAHAFFEY CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33811</td> <td></td> </tr> </table>		TITLE	P, D	<input type="checkbox"/> Delete	NAME	PATEL, KAMAL		STREET ADDRESS	1801 MAHAFFEY CIRCLE		CITY-ST-ZIP	LAKELAND, FL 33811		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P.D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PATEL, KAMAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10875 CORY LAKE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33647</td> <td></td> </tr> </table>		TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PATEL, KAMAL		STREET ADDRESS	10875 CORY LAKE DRIVE		CITY-ST-ZIP	TAMPA, FL 33647	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/4/05 813-345 4638 Date Daytime Phone #																									