2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90133 005 ***150.00

DOCUMENT # P04000063210

1. Entity Name
MEL-LAURN QUICK SHOP, INC.

Principal Place of Business	Mailing Address
103 N MERIDIAN ST TALLAHASSEE, FL 32301	103 N MERIDIAN ST TALLAHASSEE, FL 32301

03162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2100 FIRST ST, NORTH Suite, Apt. #, etc	1542 WHITNEY ISLES DR Suite, Apt. #, etc
City & State: WINTER HAVEN	City & State: WINDERMERE
Zip: 33881 Country: USA	Zip: 34786 Country:

4. FEI Number: 20 - 1542095 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N MERIDIAN ST TALLAHASSEE, FL 32301	Name: FELIX LABBAN Street Address (P.O. Box Number is Not Acceptable): 1542 WHITNEY ISLES DR City: WINDERMERE FL Zip Code: 34786

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: X [signature] 3/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D LABBAN, FELIX 4455 SHEPPARD AVE EAST - STE 209 TORONTO, OC M1S 3G9	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1542 WHITNEY ISLES DRIVE WINDERMERE, FL - 34786
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

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: X [signature] 3/15/05 407-341-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #