

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90046 002 ***150.00

DOCUMENT # P04000161023

1. Entity Name
MELO DEVELOPMENT, INC.



Principal Place of Business
**615 N.E. 22 STREET
APT 101
MIAMI, FL 33137**

Mailing Address
**615 N.E. 22 STREET
APT 101
MIAMI, FL 33137**



2. Principal Place of Business
**275 N.E. 18 Street
Suite # 101**

3. Mailing Address
**275 N.E. 18 Street
Suite # 101**

01092006 Chg-P CR2E034 (11/05)

City & State
MIAMI FLORIDA
Zip
33132
Country
USA

City & State
MIAMI FLORIDA
Zip
33132
Country
USA

4. FEI Number
20-1937080

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**AMKE REGISTERED AGENTS, LLC
2250 SUNTRUST INTERNATIONAL CENTER
1 SE 3RD AVE
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
CARLOS FERREIRA DE MELO
Street Address (P.O. Box Number is Not Acceptable)
275 N.E. 18 Street Suite 101
City
MIAMI FL Zip Code
33132

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]
Signature and printed name of registered agent and title if applicable.

CARLOS FERREIRA DE MELO / D.

(NOTE: Registered Agent signature required when revalidating)

01/11/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FERREIRA DE MELO, JOSE L	
STREET ADDRESS	4779 COLLINS AVENUE APT 3605	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	
TITLE	P	<input type="checkbox"/> Delete
NAME	FERREIRA DE MELO, CARLOS	
STREET ADDRESS	4779 COLLINS AVENUE APT 3605	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRIERA DE MELO, MARTIN	
STREET ADDRESS	4779 COLLINS AVENUE APT 3605	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

[Signature] **MARTIN F. Melo / V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/06
Date

305-572-8884
Daytime Phone #