2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000161023

MELO DEVELOPMENT, INC.



FILED Feb 16, 2007 08:00 All Secretary of State

Principal Place of Business

275 NE 18TH ST

APT 101 MIAMI, FL 33132 Mailing Address

275 NE 18TH ST

APT 101 MIAMI, FL 33132



DO NOT WRITE IN THIS SPACE

01302007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-1937080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent ---- --

FERREORA DE MELO, CARLOS 275 NE 18TH ST, STE 101 MIAMI, FL 33132

DO NOT WRITE 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. 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) DATE					
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	D FERREIRA DE MELO, JOSE L 4779 COLLINS AVENUE APT 3605 MIAMI BEACH, FL 33140				UÖ0000637601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERREIRA DE MELO, CARLOS 4779 COLLINS AVENUE APT 3605 MIAMI BEACH, FL 33140				02/26/07-80068-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRIERA DE MELO, MARTIN 4779 COLLINS AVENUE APT 3605 MIAMI BEACH, FL 33140			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS					

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: _

CITY-ST-ZIP

NAME STREET ADDRESS C/TY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-571-8804