

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90048 033 ***150.00

DOCUMENT # P05000065920					
1. Entity Name MEL'S-CAPE CORAL, INC.					
Principal Place of Business 3358 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134			Mailing Address 3358 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box # 1331 PINE ISLAND RD NE		3. Mailing Address 5051 CASTELLO DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122008 Chg-P CR2E034 (12/06)	
City & State CAPE CORAL FL		City & State NAPLES FL		4. FEI Number 68-0606148	
Zip 33909		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34103		Country COLLIER		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KARAKOSTA, CHRIS J 3358 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent Name: <u>Romero Terenzi</u> Street Address (P.O. Box Number is Not Acceptable): <u>2135 Imperial Cir</u> City: <u>Naples</u> FL Zip Code: <u>34110</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD NAME KARAKOSTA, CHRIS J STREET ADDRESS 3358 WOODS EDGE CIRCLE, SUITE 102 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			04/10/08 239-450-3008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		