

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000065920

1. Entity Name
MEL'S-CAPE CORAL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 28 AM 8:29

Principal Place of Business
1331 PINE ISLAND RD NE
CAPE CORAL, FL 33909

Mailing Address
5051 CASTELLO DRIVE
SUITE 222
NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2135 Imperial Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102008

Chg-P

CR2E034 (12/06)

City & State

City & State

Naples, FL

4. FEI Number

68-0606148

Applied For

Not Applicable

Zip

Country

Zip

Country

34110

USA

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

~~TEREZI, ROMEO~~ Terezi, Romeo
2135 IMPERIAL CIR
NAPLES, FL 34110

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE PSD ☒ Delete
NAME KARAKOSTA, CHRIS J
STREET ADDRESS 3358 WOODS EDGE CIRCLE, SUITE 102
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Change ☒ Addition
NAME Romeo Terezi
STREET ADDRESS 2135 Imperial Cir
CITY-ST-ZIP Naples, FL 34110

TITLE ☐ Change ☒ Addition
NAME Mark Mallerdino
STREET ADDRESS 28930 Rustic Ct
CITY-ST-ZIP Cary, IL 60013

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/08

Date

(239)450-3088

Daytime Phone #