

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90478 002 ***150.00

DOCUMENT # P05000081999



1. Entity Name
MEL & A DISTRIBUTION, CORP.

Principal Place of Business		Mailing Address	
1701 NW 207TH ST - # 101 OPA LOCKA, FL 33056		1701 NW 207TH ST - # 101 OPA LOCKA, FL 33056	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272006 Chg-P CR2E034 (11/05)
4. FEI Number **20-2937789** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Name **SOSA, WALTER A.**
Street Address (P.O. Box Number is Not Acceptable)
750 S. PARK RD #812
City **Hollywood** FL Zip Code **33021**

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 **+ 4/27/06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP</p> <p>1701 NW 207TH ST - # 101 OPA LOCKA, FL 33056</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SOSA, WALTER A. 750 S. PARK RD #812 Hollywood FL 33021</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP</p>	
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<p>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.</p> <p>P 4/27/06</p> <p>SIGNATURE: </p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>			