
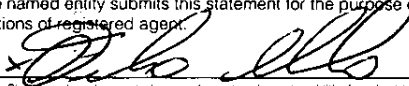
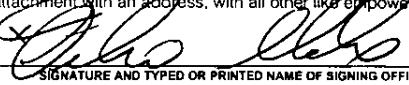


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90067 012 \*\*\*150.00

<b>DOCUMENT # P06000006739</b> 1. Entity Name <b>MELO IMPORT &amp; EXPORT, INC.</b>					
Principal Place of Business <b>5126 STAGECOLOR DR</b> <b>COCONUT CREEK, FL 33073</b>			Mailing Address <b>5126 STAGECOLOR DR</b> <b>COCONUT CREEK, FL 33073</b>		
2. Principal Place of Business - No P.O. Box # <b>3696 Cocoplum Cir</b>		3. Mailing Address <b>3696 Cocoplum Cir</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>COCONUT CREEK, FL</b>		City & State <b>COCONUT CREEK, FL</b>		4. FEI Number <b>20-4129755</b>	
Zip <b>33063</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MELO, FREDERICO</b> <b>5126 STAGECOLOR DR</b> <b>COCONUT CREEK, FL 33073</b>				7. Name and Address of New Registered Agent Name <b>MELO, FREDERICO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3696 Cocoplum Cir</b> City <b>COCONUT CREEK</b> <b>FL</b> Zip Code <b>33063</b>	
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:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE MELO, FREDERICO M VA 5126 STAGECOLOR DR COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE MELO, FREDERICO M 3696 COCOPLUM CIR COCONUT CREEK, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE MELO, RONALDO A.V.A. 5126 STAGECOLOR DR COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ROSANA, MELO 3696 COCOPLUM CIR COCONUT CREEK, FL 33063	<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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date			Daytime Phone #		

40006265



01122007 Chg-P CR2E034 (12/06)