

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010736

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: MELIBRAY, CORP.

## Current Principal Place of Business:

16678 SADDLE CLUB RD.  
WESTON, FL 33327

## New Principal Place of Business:

5215 NW 72 AVENUE  
MIAMI, FL 33166

## Current Mailing Address:

16678 SADDLE CLUB RD.  
WESTON, FL 33327

## New Mailing Address:

5215 NW 72 AVENUE  
MIAMI, FL 33166

FEI Number: 20-4540299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CBS CONSULTANTS  
1290 WESTON RD SUITE 306  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

CBS CONSULTANTS  
18501 PINES BOULEVARD  
201  
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE:

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete  
Name: AIELLO, ADRIANA  
Address: 16678 SADDLE CLUB RD.  
City-St-Zip: WESTON, FL 33327

Title: PS ( ) Delete  
Name: AMBRUGNA, ALEJANDRO  
Address: 16678 SADDLE CLUB RD.  
City-St-Zip: WESTON, FL 33327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPT (X) Change ( ) Addition  
Name: AIELLO, ADRIANA  
Address: 5215 NW 72 AVENUE  
City-St-Zip: MIAMI, FL 33166

Title: PS (X) Change ( ) Addition  
Name: AMBRUGNA, ALEJANDRO  
Address: 5215 NW 72 AVENUE  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMBRUGNA ALEJANDRO

PS

04/18/2007

Electronic Signature of Signing Officer or Director

Date