

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135978

Entity Name: MELECHDAVID, INC.

FILED  
Jan 28, 2009  
Secretary of State

**Current Principal Place of Business:**

17582 BOCAIRE WAY  
BOCA RATON, FL 33487

**New Principal Place of Business:**

50 SOUTH POINT DRIVE #1705N  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

17582 BOCAIRE WAY  
BOCA RATON, FL 33487

**New Mailing Address:**

50 SOUTH POINT DRIVE #1705N  
MIAMI BEACH, FL 33139

FEI Number: 56-2617808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENGELHARD, SHELDON ESQ  
7900 GLADES ROAD  
SUITE 330  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GROUSSMAN, MARK  
Address: 220 W RITTENHOUSE SQUARE #6E  
City-St-Zip: PHILADELPHIA, PA 19103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GROUSSMAN, MARK  
Address: 50 SOUTH POINT DRIVE #1705N  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify 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: MARK E GROUSSMAN

PD

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date