

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 12, 2007
Secretary of State**

DOCUMENT# P06000151212

Entity Name: MELITA T DEVELOPMENT INC

Current Principal Place of Business:

15130 S.W. 92ND TERRACE
MIAMI, FL 33196 US

New Principal Place of Business:

Current Mailing Address:

15130 S.W. 92ND TERRACE
MIAMI, FL 33196 US

New Mailing Address:

FEI Number: 20-8004771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, CALVIN
15130 S.W. 92ND TERRACE
MIAMI, FL 33196 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GORDON, CALVIN
Address: 15130 S.W. 92ND TERRACE
City-St-Zip: MIAMI, FL 33196 US

Title: VP/S () Delete
Name: GORDON, MONICA
Address: 15130 S.W. 92ND TERRACE
City-St-Zip: MIAMI, FL 33196 US

Title: DIR () Delete
Name: CAMERON, LYDON
Address: 6320 DUVAL DRIVE
City-St-Zip: MARGATE, FL 33063 US

Title: TREA () Delete
Name: BARR, MARK
Address: 13191 S.W. 185TH TERRACE
City-St-Zip: MIAMI, FL 33177 US

Title: DIR () Delete
Name: SANDERS, JANIS
Address: 17120 N.W. 16TH AVENUE
City-St-Zip: MIAMI, FL 333169 US

Title: DIRC () Delete
Name: DYER, DONALD
Address: 14481 S.W. 111TH TERRACE
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: BARR, CONSTANTINE
Address: 14481 S.W. 111TH TERRACE
City-St-Zip: MIAMI, FL 33186 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CALVIN GORDON

P

06/12/2007

Electronic Signature of Signing Officer or Director

_____ Date