


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**


DOCUMENT # P92000006452  
 1. Entity Name  
 JAI MELADI CORPORATION



Principal Place of Business  
 4800 W ATLANTIC AVE  
 DELRAY BEACH, FL 33445

Mailing Address  
 4800 W ATLANTIC AVE  
 DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05).

4. FEI Number 65-0376038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, HITESH V  
 4800 W ATLANTIC AVE  
 DELRAY BEACH, FL 33445

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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 *H V Patel* DATE 1/14/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATEL, HITESH V
STREET ADDRESS	4800 W ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	PATEL, BABUBHAI P
STREET ADDRESS	4800 W ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	S
NAME	PATEL, HITESH V
STREET ADDRESS	4800 W ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/24/08-80006-010 150.00

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: *H V Patel* DATE 1/14/08 DAYTIME PHONE # (954) 415-0667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR