

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000052712

1. Entity Name
MEL-MAR ENTERPRISES, INC.



Principal Place of Business
**965 S FLORIDA AVE
ROCKLEGE, FL**

Mailing Address
**965 S FLORIDA AVE
ROCKLEGE, FL**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3194180

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATEL, PRABODH C
815 ORIENTA AVE
SUITE 8
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MIRA, JANE
965 S FLORIDA AVE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MIRA, ELENA
965 S FLORIDA AVE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MIRA, FIDEL
965 S FLORIDA AVE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MIRA, FIDEL
965 S FLORIDA AVE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000197694
01/27/05-80021-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

(JANE MIRA)

01/12/05 (321)639-0004

Date

Daytime Phone #