

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000076339**

1. Entity Name  
**MELLSHAM INVESTMENTS INC.**



Principal Place of Business  
**ONE NORTH CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**ONE NORTH CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 US**



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0534265**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CARSON, DONALD W  
ONE NORTH CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401**

**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 reinstating) DATE

**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**

**000000910509  
05/07/08-80004-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DE AZQUETA, LILLIAN F  
STREET ADDRESS ONE NORTH CLEMATIS ST SUITE 200  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE V  
NAME FANJUL, ALFONSO  
STREET ADDRESS ONE NORTH CLEMATIS ST SUITE 200  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ST  
NAME FANJUL, JOSE F  
STREET ADDRESS ONE NORTH CLEMATIS ST SUITE 200  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

**By: Alfonso Fanjul, V.P.**

**4/10/08**

**(561) 366-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #