

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000031161**  
1. Entity Name  
**MELBRAN, INC.**



Principal Place of Business  
**5820 MIAMI LAKES DRIVE  
MIAMI, FL 33014**

Mailing Address  
**5820 MIAMI LAKES DRIVE  
MIAMI, FL 33014**

**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0572807</b>	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

**EINSTEIN, BERNARD ESQ.  
17071 W. DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV AGER, RONALD 5820 MIAMI LAKES BLVD. MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILVERMAN, GAIL 5820 MIAMI LAKES BLVD. MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EINSTEIN, KATHIE 5820 MIAMI LAKES BLVD. MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, MONA 5820 MIAMI LAKES BLVD. MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGER, JOHN 5820 MIAMI LAKES BLVD. MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLECHMAN, NANCY 5820 MIAMI LAKES BLVD. MIAMI, FL 33014

**DO NOT WRITE  
IN THIS SPACE**

100000568335  
07/07/06-80094-017, 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:**  **RONALD AGER** **7/5/2006** **305-556-4601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #