## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000026529**

1. Entity Name MELA ENTERPRISES, CORP.



**FILED** Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

**575 WEST 28TH STREET** HIALEAH, FL 33010

Mailing Address

575 WEST 28TH STREET HIALEAH, FL 33010



DO NOT WRITE IN THIS SPACE

03112008 CR2E034 (11/05) No Chg-P Applied For 4. FEI Number 65-0693496 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORTA, GABINO A 575 WEST 28TH STREET HIALEAH, FL 33010

## 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.							
SIGNATURESquature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	I	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORTA, GABINO A 575 WEST 28TH STREET HIALEAH, FL 33010						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIRTA, DORTA 575 WEST 28TH STREET HIALEAH, FL 33010				U00000861002 04/02/08-80085-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP			:				

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:	Maria	· sura	MIRTA
	GIGNATURE AND TY	PED OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTO