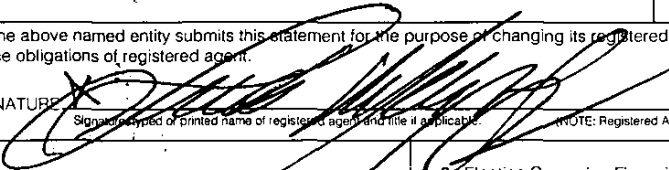
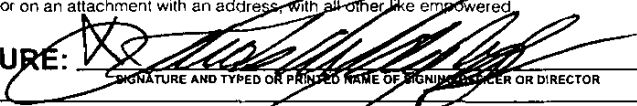


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90020 035 ***150.00

DOCUMENT # P96000058165 1. Entity Name MELDUNG HOLDINGS 613, INC.					
Principal Place of Business 1727 NW 38 AVE LAUDERHILL, FL 33311			Mailing Address 1727 NW 38 AVE LAUDERHILL, FL 33311		
2. Principal Place of Business - No P.O. Box # 581-C E. Sample Rd		3. Mailing Address P.O. BOX 50127			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Pompano Beach, FL		City & State Lighthouse Point, FL		4. FEI Number 65-0682370	
Zip 33064		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELDUNG, JACOB 1727 NW 38TH AVE LAUDERHILL, FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 581-C E. Sample Rd. City Pompano Beach FL Zip Code 33064			
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:  DATE: 1/29/08 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$450.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MELDUNG, JACOB 111 N POMPAÑO BCH BLVD., 1703 POMPAÑO BEACH, FL 33062 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Meldung, Jacob 111 N Pompano Bch Blvd #1814 Pompano Beach, FL 33062 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		