


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000072861					
1. Entity Name M.E.L.A. MIKE, INC.					
Principal Place of Business 532 MARGARET STREET KEY WEST FL 33040			Mailing Address 532 MARGARET STREET KEY WEST FL 33040		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0698257				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WILSON, MICHAEL 532 MARGARET STREET KEY WEST FL 33040			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reconstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PVP	<input type="checkbox"/> Delete			
NAME	WILSON, MICHAEL				
STREET ADDRESS	2907 STAPLES AVE				
CITY- ST- ZIP	KEY WEST FL 33040				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	MANCIOLI, MAURIZIO				
STREET ADDRESS	3810 FLAGLER AVENUE				
CITY- ST- ZIP	KEY WEST FL 33040				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #