

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000024386

1. Entity Name
MELTON MUSTAFA ORCHESTRA, INC.



Principal Place of Business
**2820 N.W. 179TH STREET
MIAMI, FL 33056**

Mailing Address
**2820 N.W. 179TH STREET
MIAMI, FL 33056**



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0831845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MUSTAFA, MELTON S
2820 N.W. 179TH STREET
MIAMI, FL 33056**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUSTAFA, MELTON S
STREET ADDRESS	2820 N.W. 179TH STREET
CITY- ST- ZIP	MIAMI, FL 33056

TITLE	TD
NAME	MUSTAFA, ZAKIYYAH A
STREET ADDRESS	2820 N.W. 179TH STREET
CITY- ST- ZIP	MIAMI, FL 33056

TITLE	SD
NAME	MUSTAFA, MELTON R
STREET ADDRESS	2820 N.W. 179TH STREET
CITY- ST- ZIP	MIAMI, FL 33056

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 exemption stated in Section 119.07(3)(f), 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

ZAKIYYAH A. MUSTAFA

Date

DayTime Phone #

TD 3/29/05