2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000007682

1. Entity Name

MELNEK CORPORATION

FILED Mar 29, 2004 08:00 AM Secretary of State

Principal Place of Business

899 W. HWY 50 CLERMONT, FL 34711 Mailing Address

11534 PINELOCH LOOP CLERMONT, FL 34711



03242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0892523

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PATEL, SHAILESH 11534 PINELOCH LOOP CLERMONT, FL 34711

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			III TIIO OI AOL	
	named entity submits this statement for the proofs of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or profiled name of registered agent and title it applicable (NOTE: Registered			d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finan Trust Fund Contribution. 	\$5.00 May Be Added to Fees	U00000097734 03/29/04-80013-012 150.00
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, SHAILESH 11534 PINELOCH LOOP CLERMONT, FL 34711			
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET AODRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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 all other like empowered.

SIGNATURE: _

Service of the servic SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAILESH

PATEL

(352) 248 7657 03 25.04