


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000079690
 1. Entity Name
MELLA MATEO PRODUCE, CORP.



Principal Place of Business: 1010 NW 11TH ST. APT. #604 MIAMI FL 33136
 Mailing Address: 1010 NW 11TH ST. APT. #604 MIAMI FL 33136



2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/05)
 4. FEI Number **65-0946497** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MELLA, IRVIN ALBERTO
1010 NORTHWEST ELEVENTH STREET
APARTMENT #604
MIAMI FL 33136

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

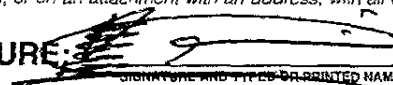
TITLE	D	<input type="checkbox"/> Delete
NAME	MELLA, IRVIN ALBERTO	
STREET ADDRESS	1010 NORTHWEST ELEVENTH STREET #604	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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CITY-ST-ZIP		

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 02/20/06-80071-017 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Irvin A. Mella** 2/6/06 (305) 984-6576
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #