


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90094 036 ***150.00

DOCUMENT # P04000011649

1. Entity Name
MELAL, INC.



Principal Place of Business
**1831 ERIN BROOKE DRIVE
 VALRICO, FL 33594**

Mailing Address
**1831 ERIN BROOKE DRIVE
 VALRICO, FL 33594**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03282005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**MEYERS, MELVIN M
 1831 ERIN BROOKE DRIVE
 VALRICO, FL 33594**

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, 2005 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 P	<input type="checkbox"/> Delete MEYERS, MELVIN M 1831 ERIN BROOKE DRIVE VALRICO, FL 33594	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete MARTENS, ALEX G 1831 ERIN BROOKE DRIVE VALRICO, FL 33594	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S/T	<input type="checkbox"/> Delete MEYERS, VERONICA L 1831 ERIN BROOKE DRIVE VALRICO, FL 33594	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 all other like empowered.

SIGNATURE: Melvin M. Meyers **3/31/05** **8136436180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #