

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90117 045 ***150.00



DOCUMENT # P06000106726

1. Entity Name
 IRENE LEE MEDINA, P.A.

Principal Place of Business
 IRENE MEDINA
 1290 WESTON RD - STE 202
 WESTON, FL 33326

Mailing Address
 IRENE MEDINA
 1290 WESTON RD - STE 202
 WESTON, FL 33326

2. Principal Place of Business - No P.O. Box #
 7650 NW 6th St
 Suite, Apt. #, etc.

3. Mailing Address
 7650 NW 6th Street
 Suite, Apt. #, etc.



01292008 Chg-P CR2E034 (12/06)

City & State
 Plantation FL
 Zip 33324 Country

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 Plantation FL
 Zip 33324 Country

4. FEI Number
 20-5404582
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MEDINA, IRENE
 1290 WESTON RD - STE 202
 WESTON, FL 33326

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 7650 NW 6th Street
 City Plantation FL Zip Code 33324

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 4/16/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	MEDINA, IRENE	
STREET ADDRESS	1290 WESTON RD - STE 202	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Medina, Irene		
STREET ADDRESS	7650 NW 6th Street		
CITY-ST-ZIP	Plantation FL 33324		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Date 4/16/08
 Daytime Phone #