

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000057575

**Entity Name:** 7265 MEDLEY CORP

**Current Principal Place of Business:**

55 MERRICK WAY  
STE. 202-A  
CORAL GABLES, FL 33134

**Current Mailing Address:**

55 MERRICK WAY  
STE. 202-A  
CORAL GABLES, FL 33134 US

**FEI Number:** 85-2290791

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DE JONGH, CARMEN E  
55 MERRICK WAY  
STE. 202-A  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DE JONGH, CARMEN  
Address 55 MERRICK WAY, STE 202-A  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name CLAVIER, JOSE  
Address 55 MERRICK WAY  
STE 202-A  
City-State-Zip: CORAL GABLES, FL 33134 FL 33134

Title T  
Name YANES, ARMANDO  
Address 55 MERRICK WAY, STE 202-A  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name LANDA, ANGEL  
Address 55 MERRICK WAY, STE 202-A  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name CORTES, JOAQUIN  
Address 55 MERRICK WAY, STE 202-A  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARMEN DEJONGH

P

04/30/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date