2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

885-2458

| DOCUMENT # 213881 1. Entity Name MEDLEY ENTERPRISES INC | | | | | 04-28-2008 90339 014 ***150.00 | | | |
|--|---|---|-------|--|--------------------------------|-----------------------------|--------------------------|-----------------------------|
| Principal Place of Business 9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US | | Mailing Address 9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US | | | | | # \$171 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 03312008 | Chg-P | CR2E034 (12/06) | |
| City & Stat | е | City & State | | | 4. FEI Numb 59-087 | | <u> </u> | oplied For ot Applicable |
| Zip | Country | Zip Coun | | try | 5. Certificate | of Status Desired | S8.75 Add Fee Require | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New F | Registered Agent | |
| ROBINSON, BARNETT JR. P.A. 120 E. PALMETTO PARK RD SUITE 150 BOCA RATON, FL 33432 | | | | Name Robinson, Barnett, Jr. P.A. Street Address (P.O. Box Number is Not Acceptable) 21346 St. Andrews Blvd. | | | | |
| | | | | City | te 302 | <u> </u> | Zip Cod | ρ |
| The above named entity submits this statement for the purpose of changing its registered. | | | | | a Rator red agent, or bo | 1 th, in the State of Fl | 334 | 33 |
| the obligations of registered agent. SIGNATURE BarnettnRobinson, Jr. P.A. Signature, typed to printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | | .00 May Be led to Fees | | | |
| 10. | OFFICERS AND DIRECTORS 11 | | | | ADDITIONS | CHANGES TO OFF | FICERS AND DIRECTOR | S IN 11 |
| TITLE | PD | ☐ Delete | TITL | E | | | ☐ Change | Addition |
| NAME | LARGAY, CHARLES E | , | NAM | - | | | | |
| STREET ADDRESS CITY-ST-ZIP | 9401 NW 106TH ST, STE 101 MEDLEY, FL | | | ET ADDRÉSS - ST - ZIP | | | · | <u> </u> |
| TITLE | SD | ☐ Delete | TITLI | " | | | · 🔲 Change | Addition |
| NAME STREET ADDRESS | | | NAM | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | - ST-ZIP | | | | |
| TITLE | TD | ☐ Delete | TETL | E | • | | ☐ Change | Addition |
| NAME | LARGAY, HARRY W | | NAM | E | | | | _ |
| STREET ADDRESS | 9401 NW 106TH ST, STE 101 | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | MEDLEY, FL | · · · · · · · <u> </u> | - | - ST- ZIP | | | _ | |
| NAME | AS KNOWLES, JANET | ☐ Delete | TITL | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | 9401 NW 106TH ST, STE 101 | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | MEDLEY, FL | | | - ST- ZIP | | | | |
| TITLE | | ☐ Delete | TITL | E | | | ☐ Change | Addition |
| NAME | | | NAM | l l | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS - ST- ZIP | | | | |
| TITLE | | Delete | TITL | | | | ☐ Change | ☐ Addition |
| NAME | | | NAM | l l | | | Change | |
| STREET ADDRESS | • | | STRE | ET ADDRESS | | | | |
| CITY - ST - ZIP | | | | -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. | | | | | | | | |