

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000010660**

**1. Entity Name**  
**MEDINA INVESTMENTS, INC.**



**Principal Place of Business**  
1101 N EMORY AVE  
KISSIMMEE, FL 34741 US

**Mailing Address**  
1101 N EMORY AVE  
KISSIMMEE, FL 34741 US



02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3623024	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

UDDIN, MOHAMMED  
1101 N EMORY AVE  
KISSIMMEE, FL 34741

**DO NOT WRITE IN THIS SPACE**

**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**

Signature, typed or 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, 2005 Fee will be \$550.00**

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

03/26/05-80014-004 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PTD
<b>NAME</b>	UDDIN, MOHAMMED J
<b>STREET ADDRESS</b>	1101 NORTH EMORY AVE
<b>CITY-ST-ZIP</b>	KISSIMMEE, FL 34741

<b>TITLE</b>	SVD
<b>NAME</b>	UDDIN, MOHAMMED
<b>STREET ADDRESS</b>	1101 EMORY AVE.
<b>CITY-ST-ZIP</b>	KISSIMMEE, FL 34741

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Jerrell Leblis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

Date

Daytime Phone #