


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90325 039 ***150.00

DOCUMENT # P01000011124 1. Entity Name MEDINA STONE, CORP.			
Principal Place of Business 1320 W 44 PL APT 102 HIALEAH, FL 33012		Mailing Address 1320 W 44 PL APT 102 HIALEAH, FL 33012	
2. Principal Place of Business <i>19517 NW 79 Ave</i>		3. Mailing Address <i>19517 NW 79 Ave</i>	
Suite, Apt. #, etc. <i>Hialeah, FL</i>		Suite, Apt. #, etc. <i>Hialeah, FL</i>	
City, State <i>Hialeah, FL</i>		City, State <i>Hialeah, FL</i>	
Zip <i>33015</i>		Zip <i>33015</i>	
Country 		Country 	
4. FEI Number 65-1071058		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, JAIRO 1320 W 44 PL APT 102 HIALEAH, FL 33012		Name and Address of New Registered Agent Name <i>Medina, Jairo</i> Street Address (P.O. Box Number is Not Acceptable) <i>19517 NW 79 Ave</i> City <i>Hialeah</i> FL Zip Code <i>33015</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, JAIRO 1320 W 44 PL APT 102 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Medina, Jairo 19517 NW 79 Ave Hialeah, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			