

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057720

Entity Name: MEDINA GROUP, INC.

FILED
Apr 01, 2005
Secretary of State

Current Principal Place of Business:

7220 NW 36 ST STE 207
MIAMI, FL 33166

New Principal Place of Business:

7220 NW 36 ST STE 301
MIAMI, FL 33166

Current Mailing Address:

7220 NW 36 ST STE 207
MIAMI, FL 33166

New Mailing Address:

7220 NW 36 ST STE 301
MIAMI, FL 33166

FEI Number: 65-1112547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, HENRY E
7184 W 30 LN
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: MEDINA, HENRY J
Address: 7184 W 30 LN
City-St-Zip: HIALEAH, FL 33018

Title: D () Delete
Name: MEDINA, BETTY
Address: 7184 W 30 LN
City-St-Zip: HIALEAH, FL 33018

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MEDINA, HENRY E
Address: 7184 W 30 LN
City-St-Zip: HIALEAH, FL 33018

Title: D () Change (X) Addition
Name: MEDINA, PAOLA J
Address: 7184 W 30 LN
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HENRY MEDINA

P

04/01/2005

Electronic Signature of Signing Officer or Director

Date