2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2004 8:00 am Secretary of State

DOCUMENT # P0100066855 1. Entity Name MEDINAS CORP						05-10-200	04 90484	024 ***1	150.00
MEDINAS	CORP)				
Principal Place	e of Business	Mailing Address	_	· · ·					
7925 NW 12 MIAMI, FL 33	STREET SUITE 318 3126	7925 NW 12 STREET SUITE 318 MIAMI, FL 33126					74277		irebi ir reni
2 Principal D	ace of Business	3. Mailing Address		<u>-</u>					
	W 12TH STREET	7925 NW 12TH STREET Suite, Apt. #, etc.			05062004	f) 34 (10/03)	124 23
SUITE 4		SUITE 407				- Ong 1			" :=
City & State MIAMI, Zip -	FLORIDA Country	City & State MIAMI, FLORI Zip	OA Coun	tn.	4. FEI Number 65-1135	703		No	oplied For ot Applicable
33126	USA	33126	USA	•	5. Certificate of	f Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Nama	7. Name and	Address of New I	Registered	Agent	
					RO MEDINA				
7925 NW 12 STREET SUITE 318 MIAMI, FL 33126				7925	s (P.O. Box Number NW 12TH		e) 		
				SUIT	E 407			Zin Cod	
				MIAM			FL	- 3312	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registere	ed office or registe	ered agent, or both	, in the State of FI	orida. Fam	familiar with,	and accept
SIGNATURE	Arturo Me a Signature, Nivibed or printed name of registered agent	1,1a (NOT	Bornetere	d Agent signature requir	and when reineration)		DATE		
	Signature, typed or printed frame to registered against	and the applicable.	. negrate o	- Agent signature requir	ED Wildli (Bills(6)41g)		DATE		
	LE NOWIII FEE IS \$550.00 ue by September 8, 2004	9. Election Campa Trust Fund Cont			5.00 May Be ided to Fees				
10.	OFFICERS AND	DIRECTORS	11.			HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE Name	PSTD MEDINA, ARTURO	☐ Delete	TITLE NAM	_	STD RTURO MEDI	NIΔ		🔼 Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP	7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	1	STRE	ET ADDRESS 79	25 NW 12T AMI, FL 3	H STREET	SUITE	407	
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	·		NAMI STRE	E Et address					
CITY-ST-ZIP	_			-ST-ZIP					_
TITLE		☐ Delete	TITLE	` <u>`</u>				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	بمدر			ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAMI	l					ļ
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE NAME		☐ Delete	TITLE	1				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
indicated of the corp	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empt or on an attachment with an address, v	true and accurate and that rowered to execute this report	ny signal as requi	ture shall have the	e same legal effect	as if made under	oath; that I a	am an officer	or director
SIGNAT	URE: Arturo	HILL SING OFFICER	OR DIRECT	ОЯ		Date		Daytime Phone #	