


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-10-2004 90484 024 \*\*\*150.00

<b>DOCUMENT # P01000066855</b>		
1. Entity Name <b>MEDINAS CORP</b>		

Principal Place of Business <b>7925 NW 12 STREET SUITE 318 MIAMI, FL 33126</b>	Mailing Address <b>7925 NW 12 STREET SUITE 318 MIAMI, FL 33126</b>
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**24074277**



2. Principal Place of Business <b>7925 NW 12TH STREET</b>	3. Mailing Address <b>7925 NW 12TH STREET</b>
Suite, Apt. #, etc. <b>SUITE 407</b>	Suite, Apt. #, etc. <b>SUITE 407</b>
City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33126</b>	Country <b>USA</b>

05062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>MEDINA, ARTURO 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126</b>	
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7. Name and Address of New Registered Agent Name <b>ARTURO MEDINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>7925 NW 12TH STREET</b> <b>SUITE 407</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>	
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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 <u>Arturo Medina</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MEDINA, ARTURO 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARTURO MEDINA 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

SIGNATURE: Arturo Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #