

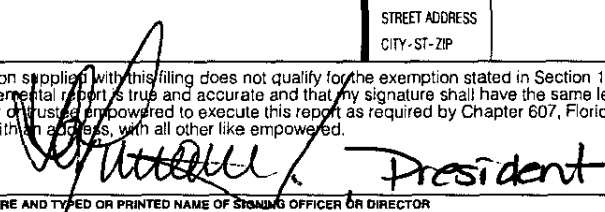


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90004 012 ***150.00

DOCUMENT # P02000121432					
1. Entity Name MEDINA'S UNIQUE SERVICES, CORP.					
Principal Place of Business 861 MONTICELLO AVENUE DAVIE, FL 33325			Mailing Address 861 MONTICELLO AVENUE DAVIE, FL 33325		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		54058040 	
4. FEI Number 14-1855702				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 NOFIL, JOSEPH K 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 PSD NAME MEDINA, HOLMES STREET ADDRESS 861 MONTICELLO AVENUE CITY-ST-ZIP DAVIE, FL 33325	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME CASTELLANO, ELIZABETH STREET ADDRESS 861 MONTICELLO AVENUE CITY-ST-ZIP DAVIE, FL 33325	<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	
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:  President					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

Attachment 54058040
MEDINA'S UNIQUE SERVICES, CORP.

861 Monticello Avenue
Davie, FL 33325
(954) 993-3534

June 15th, 2004

#P02000121432

Attn.:
Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re:
P02000121432
UBR 2004

Dear Officer:

Please be advised that we did not received our corporation's 2004 Uniform Business Report. Enclosed we are submitting the UBR2004 along with **check no. 504** for the amount of **\$150.00**. Therefore, we would like to request that you waive all penalties, and please renew our corporation as soon as possible.

If further information is required, please contact us a the number shown above.

Thanking you in advance for your cooperation,

Cordially,

Homes Medina
President