2008 FOR PROFIT CORPORATION ANNUAL REPORT							FILED Mar 31, 2008 8:00 am Secretary of State				
DOCUMENT # P02000121432							r	03-31-2008	-		
MEDINA'S UNIQUE SERVICES, CORP.											
Principal Place of Business Mailing Address 3372 BOLLARD RD 3372 BOLLARD RD WEST PALM BEACH, FL 33411 US WEST PALM BEACH, FL 3					I US		4	0055151			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.				02252008 Chg-P CR2E034 (12/06)				
City & State	9		City & State				4. FEI Numbe				plied For t Applicable
Zip		Country	Zip	itry	5 Certificate of Status Desired \$8.7			A0 75	litional		
6. Name and Address of Current Registered Agent							7. Name and	Address of New	Registered	Agent	
NOFIL, JOSEPH K 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319					Street Address (P.O. Box Number is Not Acceptable)						
					City	City FL Zip Code					
	named entit ions of regisi		the purpose of changing its	register	ed office or	r register	ed agent, or bo	th, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent a	nd title it applicable. (NOT	E: Registere	id Agent signati	ure required	when reinstating)		DATE		
FILI After Ma	E NOWIII ay 1, 200	FEE IS \$150.00 8 Fee will be \$550.0	9. Election Campa 0 Trust Fund Con	*	· -		00 May Be ed to Fees			-	
10. OFFICERS AND DIRECTORS					-	12. 1		CHANGES TO O	FFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEDINA, 421 PINE	HOLMES	Delete		-	237	1 NA, HOL 2 BOULA	MES 60 HD DGACH, FI	. 32ú l	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	421 PINE	ANO, ELIZABETH CIRCLE SUITE 421 CRES, FL 33463	Delete			UTD		EUZADE HO LO MEACH, F	1	Tanne	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete				<u>_</u>			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			Delete							🔲 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete							🛄 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	1						Change	Addition
12. I hereby of indicated of the cor changed.	i on this repo rporation or i , or on an at	te information supplied with ort of supplemental report is the receiver or trustee empo- achment with ap address, w	this filing does not qualify f true and accurate and that wered to execute this repor with all other like empowered	or the ex my signa t as requ t.	kemptions of ature shall t uired by Chi	contained have the apter 607	in Chapter 11 same legal effe , Florida Statut	9, Florida Statutes ct as if made und es; and that my na $\frac{1}{28}/08$	s. I further ce er oath; that ame appears 1	ertify that the in I am an officer s in Block 10 o	nformation or director r Block 11 if

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