

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90479 025 \*\*\*150.00

**DOCUMENT # P03000059347**

1. Entity Name

LILIAN MEDINA AND ASSOCIATES, INC.



Principal Place of Business

9805 NW 52ND ST., NO. 219  
MIAMI FL 33178

Mailing Address

9805 NW 52ND ST., NO. 219  
MIAMI FL 33178

2. Principal Place of Business

~~9805 NW 52ND ST.~~

3. Mailing Address

Suite, Apt. #, etc.

~~219~~

(S.A.A.)

City & State

~~MIAMI, FL~~

City & State

Zip

~~33178~~

Country

~~USA~~

Zip

Country

4. FEI Number

03-0521504

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

MEDINA, LILIAN  
9805 NW 52ND ST., NO. 219  
MIAMI FL 33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-12-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME MEDINA, LILIAN  
STREET ADDRESS 9805 NW 52ND ST., NO. 219  
CITY-ST-ZIP MIAMI FL 33178

TITLE **D** ☐ Delete  
NAME PARADAS, DAYSI  
STREET ADDRESS 9805 NW 52ND ST., NO. 219  
CITY-ST-ZIP MIAMI FL 33178

TITLE **D** ☐ Delete  
NAME MARTINEZ, FRANCISCO A  
STREET ADDRESS 9805 NW 52ND ST., NO. 219  
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Lillian Medina* LILLIAN MEDINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-04

Date

786-488-2057

Daytime Phone #