## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059347

Entity Name: LILIAN MEDINA AND ASSOCIATES, INC.

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9805 NW 52ND ST., NO. 219 8180 NW 36ND STREET MIAMI, FL 33178

301

DORAL, FL 33166

**Current Mailing Address: New Mailing Address:** 

9805 NW 52ND ST., NO. 219 8180 NW 36ND STREET MIAMI, FL 33178

DORAL, FL 33166

FEI Number: 03-0521504 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

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

DORAL, FL 33178 US

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.

SIGNATURE: LILLIAN MEDINA 04/29/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: PRFS (X) Change ( ) Addition

Name: MEDINA, LILIAN Name: MEDINA, LILIAN Address:

9805 NW 52ND ST., NO. 219 9805 NW 52ND ST., NO. 219 Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: DORAL, FL 33178

Title: Title: () Delete (X) Change ( ) Addition PARADAS, DAYSI PARADAS, DAYSI Name: Name:

9805 NW 52ND ST., NO. 219 9805 NW 52ND ST., NO. 219 Address: Address:

MIAMI, FL 33178 DORAL, FL 33178 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition MARTINEZ, FRANCISCO A Name: MARTINEZ, FRANCISCO A Name: 9805 NW 52ND ST., NO. 219 9805 NW 52ND ST., NO. 219 Address: Address:

City-St-Zip: MIAMI, FL 33178 City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN MEDINA **PRES** 04/29/2005