


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000059347 1. Entity Name LILIAN MEDINA AND ASSOCIATES, INC. |  |
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| Principal Place of Business 8180 NW 36ND STREET 301 DORAL, FL 33166 | Mailing Address 8180 NW 36ND STREET 301 DORAL, FL 33166 |
|---|---|

DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 03-0521504 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent MEDINA, LILIAN 4621 NW 97 PL MIAMI, FL 33178 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

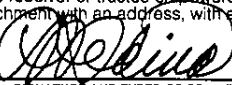
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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000656459 03/14/07-80026-009 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES MEDINA, LILIAN 4621 NW 97 PL DORAL, FL 33178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARADAS, DAYSI 4621 NW 97 PL DORAL, FL 33178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTINEZ, FRANCISCO A 4621 NW 97 PL DORAL, FL 33178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #