


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90382 014 \*\*\*150.00

**DOCUMENT # P04000020186**

1. Entity Name  
**MEDINA ELECTRIC, INC.**



Principal Place of Business      Mailing Address  
**1363 NE 182 STREET**      **1363 NE 182 STREET**  
**NORTH MIAMI BEACH, FL 33162-1333 US**      **NORTH MIAMI BEACH, FL 33162-1333 US**

2. Principal Place of Business      3. Mailing Address  
**1363 NE 182 St**      **Same**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**North Miami Beach**      **FL**  
 Zip      Country      Zip      Country  
**33162**      **USA**



01132006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**05-0595876**       Not Applicable

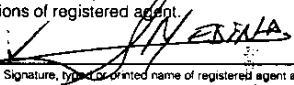
5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**MEDINA, SILVIO J**  
**1363 NE 182 STR**  
**NORTH MIAMI BEACH, FL 33162-1333**

Name      **Silvio J. Medina**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1363 NE 182 Street**  
 City      State      Zip Code  
**N. M. B**      **FL**      **33162**

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:  **SILVIO MEDINA**      DATE: **1/13/06**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MEDINA, SILVIO J</b> <b>1363 NE 182 STREET</b> <b>NORTH MIAMI BEACH, FL 331621333</b> <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	<b>V</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MEDINA, JANETT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1363 NE 182 ST</b> <b>N. MIAMI BCH FL 33162</b>
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 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:  **SILVIO MEDINA**      Date: **1/13/06**      Daytime Phone: **(305) 919-9654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR