

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
1363 NE 182 STREET
NORTH MIAMI BEACH, FL 33162-1333 US

Mailing Address
1363 NE 182 STREET
NORTH MIAMI BEACH, FL 33162-1333 US

2. Principal Place of Business
1363 NE 182 St

3. Mailing Address
Same

Suite, Apt. #, etc.
City & State
North Miami Beach
Zip
33162
Country
USA

Suite, Apt. #, etc.
City & State
Zip
Country



01132006 Chg-P CR2E034 (11/05)

4. FEI Number
05-0595876

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Silvio J. Medina

Street Address (P.O. Box Number is Not Acceptable)
1363 NE 182 Street

City
N. M. B.

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MEDINA, SILVIO J
1363 NE 182 STREET
NORTH MIAMI BEACH, FL 331621333

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
MEDINA, JANETT
1363 NE 182 ST
N. MIAMI BCH FL 33162

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/13/06 (305) 919-9654