


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.

01132006 Chg-P CR2E034 (11/05)

City & State
North Miami Beach

City & State

Zip
33162 Country
USA

Zip Country

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** 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MEDINA, SILVIO J	
STREET ADDRESS	1363 NE 182 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 331621333	
TITLE	V	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, JANETT	
STREET ADDRESS	1363 NE 182 ST	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **1/13/06** Daytime Phone **(305) 919-9654**