

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068994

FILED
Apr 26, 2005
Secretary of State

Entity Name: MEDINA MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

1236 ALTON ROAD STE 402
MIAMI BEACH, FL 33139

New Principal Place of Business:

1236 ALTON ROAD
STE #402
MIAMI BEACH, FL 33139

Current Mailing Address:

1236 ALTON ROAD STE 402
MIAMI BEACH, FL 33139

New Mailing Address:

1236 ALTON ROAD
STE #402
MIAMI BEACH, FL 33139

FEI Number: 20-1062495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEDINA, NEFTALI
1236 ALTON ROAD STE 406
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

MEDINA, NEFTALI
1236 ALTON ROAD
STE #402
MIAMI BEACH, FL 33139 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:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEDINA, NEFTALI
Address: 1236 ALTON ROAD STE 402
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEDINA, NEFTALI
Address: 1236 ALTON ROAD #STE 402
City-St-Zip: MIAMI BEACH, FL 33139

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: NEFTALI MEDINA

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date