
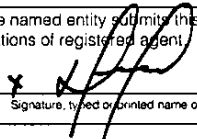
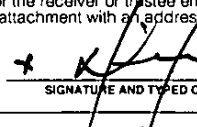


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90176 019 ***150.00

DOCUMENT # P04000084290 1. Entity Name MEDA CORP.					
Principal Place of Business 135 SW 35TH AVENUE MIAMI, FL 33135			Mailing Address 135 SW 35TH AVENUE MIAMI, FL 33135		
2. Principal Place of Business 631 SW. 12TH AVE			3. Mailing Address 631 SW. 12TH AVE		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State MIAMI, FL.			City & State MIAMI, FL.		
Zip 33130		Country USA		Zip 33130	
Country USA		4. FEI Number 20-1355737			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, DAMIAN E 135 SW 35TH AVENUE MIAMI, FL 33135					
7. Name and Address of New Registered Agent Name MARTINEZ, DAMIAN E. Street Address (P.O. Box Number is Not Acceptable) 135 SW. 35TH AVE City MIAMI FL 33135					
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> DAMIAN E. MARTINEZ PRESIDENT </div> <div style="width: 20%; text-align: right;"> 4/6/05 <small>DATE</small> </div> </div>					
- FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, DAMIAN E		NAME	MARTINEZ, DAMIAN E.	
STREET ADDRESS	135 SW 35TH AVENUE		STREET ADDRESS	135 SW. 35TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	MIAMI, FL. 33135	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DAMIAN E. MARTINEZ PRESIDENT			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

50035782



04062005 Chg-P CR2E034 (10/03)