2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000099184

1. Entity Name
JUAN MEDEROS, CORP.



Principal Place of Business

11710 NW S RIVER DRIVE

APT. 318 MEDLEY, FL 33178 Mailing Address

11710 NW S RIVER DRIVE

APT, 318

MEDLEY, FL 33178

FILED Mar 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

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No Cho-P

CR2E034 (11/05)

4. FEI Number 20-1319003

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDEROS, JUAN C 11710 NW S RIVER DRIVE APT. 318 MEDLEY, FL 33178

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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

Signature typera or priktled name of registered agent and title if epolicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

į	10.	OFFICERS AND DIRECTORS .	_
	TITLE NAME STREET ADDRESS ORY-ST-ZIP	P MEDEROS, JUAN C 11710 NW S RIVER DRIVE #318 MEDLEY, FL 33178	
	Title Name Street address City-St-Zip	S MARTINEZ, YUDMILA 11710 NW S RIVER DR #318 MEDLEY, FL 33178	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_
	TITLE HAME STREET ADDRESS		

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12. Thereby certify that the information supplied with this titing does not quality 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 it 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: ≥

CHY-ST-ZIP

TITLE
NAME
STREET ADDRESS
GILY-ST-ZIP

TITLE
NAME
STREET ADDRESS
GILY-ST-ZIP

ATURE AND TYPED OR PHINTED HAME OF SIGHING OFFICER OR DIRECTOR

3-14-06

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Daytime Phone 8