


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1319003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-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 NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000703839
04/20/07-80158-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: X [Signature] **PRESIDENTE** **04-06-7 (786) 251-3731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #