
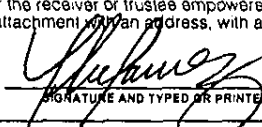


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000099184</b>		
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
<b>DO NOT WRITE IN THIS SPACE</b>		
		03042008 No Chg-P CR2E034 (11/05)
4. FEI Number 20-1319003		Applied For 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		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE	VD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	MEDEROS, JUAN	
STREET ADDRESS	8213 N.W. 99 STREET	
CITY - ST - ZIP	HIALEAH, FL 33016	
TITLE	PD	
NAME	MARTINEZ, YUDMILA	
STREET ADDRESS	8213 N.W. 99 STREET	
CITY - ST - ZIP	HIALEAH, FL 33016	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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 to my address, with all other like empowered.		
SIGNATURE:  Yudmila Martinez President 3-4-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>