

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 15 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001  
50066825



09112005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1945699 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MEDINA, ALEJANDRO J  
12489 SW 123 ST  
MIAMI, FL 33186

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MEDINA, OCTAVIO J	
STREET ADDRESS	10730 SW 106 AVE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEDINA, OCTAVIO J JR	
STREET ADDRESS	12489 SW 123 ST	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	T,VP	<input type="checkbox"/> Delete
NAME	MEDINA, ALEJANDRO J	
STREET ADDRESS	12489 SW 123 ST	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete
NAME	800059782888	<input type="checkbox"/> Addition
STREET ADDRESS	09/20/05--01045--001	**150.00
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Alejandro Medina 9/16/05  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #