2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P05000034560

Entity Name: FRANK MEDINA & ASSOCIATES, INC.

Current Principal Place of Business:

3801 BISCAYNE BLVD, STE 240
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3801 BISCAYNE BLVD, STE 240
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-2424809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDINA, FRANK A
8313 NW 144 STREET
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HERNANDEZ, NIURKA
Address: 8313 NW 144 STREET
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: SVP ( ) Delete
Name: HERNANDEZ, HERMINIA
Address: 8313 NW 144 STREET
City-St-Zip: MIAMI LAKES, FL 33016 FL

Title: VP ( ) Delete
Name: MEDINA, FRANK A
Address: 8313 NW 144 STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: DIR ( ) Delete
Name: MEDINA, FRANK
Address: 2700 NW 99 AVENUE #216A
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR ( ) Change (X) Addition
Name: HERNANDEZ, ALBERTO
Address: 8313 NW 144 STREET
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIURKA HERNANDEZ PRES 05/01/2009

Electronic Signature of Signing Officer or Director Date