


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90021 028 \*\*\*150.00

DOCUMENT # P93000046495 1. Entity Name JOHN RICHARD MEDINA & ASSOCIATES, ARCHITECTS, INC.	
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Principal Place of Business 4901 SW 75TH AVE MIAMI, FL 33155 US	Mailing Address 4901 SW 75TH AVE MIAMI, FL 33155 US
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**DO NOT WRITE IN THIS SPACE**

4004600



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0420406	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

MEDINA, JOHN R  
730 SEVILLA AVE  
CORAL GABLES, FL 33134

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

<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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MEDINA, JOHN R 730 SEVILLE AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHOOPANI, JEFF 8520 ARDOCK RD MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORAL, MARIA 4901 S.W. 75TH AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Guillermo Saavedra 4901 SW 75th Ave Miami, FL. 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 Jeff Choopani FEB. 27, 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #