2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000082751

1. Entity Name
MEDFER, CORP.

Principal Place of Business
2720 S.W. 92ND COURT
MIAMI, FL 33165

Mailing Address
2720 S.W. 92ND COURT
MIAMI, FL 33165

05032005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0865761
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEDEROS, FERNANDO
2720 S.W. 92ND COURT
MIAMI, FL 33165

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

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	D
NAME	MEDEROS, FERNANDO
STREET ADDRESS	2720 S.W. 92ND COURT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	MEDEROS, ASELA
STREET ADDRESS	2720 S.W. 92ND COURT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	T
NAME	MEDEROS, BEN
STREET ADDRESS	2720 SW 92 COURT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	MEDEROS, MICHAEL
STREET ADDRESS	2720 SW 92 COURT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Asela Mederos 5-1-05 (305) 827-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #