

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-06-2007 90012 002 ***150.00

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																																																																	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																	
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																	
City & State			City & State																																																																	
Zip		Country		Zip																																																																
Country		Country		4. FEI Number 65-0865761																																																																
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				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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)																																																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>MEDEROS, FERNANDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2720 S.W. 92ND COURT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL 33165</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>MEDEROS, ASELA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2720 S.W. 92ND COURT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL 33165</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>MEDEROS, BEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2720 SW 92 COURT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL 33165</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>MEDEROS, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2720 SW 92 COURT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL 33165</td> <td></td> </tr> </table>						TITLE	NAME	Delete ☐	NAME	MEDEROS, FERNANDO		STREET ADDRESS	2720 S.W. 92ND COURT		CITY - ST - ZIP	MIAMI FL 33165		TITLE	NAME	Delete ☐	NAME	MEDEROS, ASELA		STREET ADDRESS	2720 S.W. 92ND COURT		CITY - ST - ZIP	MIAMI FL 33165		TITLE	NAME	Delete ☐	NAME	MEDEROS, BEN		STREET ADDRESS	2720 SW 92 COURT		CITY - ST - ZIP	MIAMI FL 33165		TITLE	NAME	Delete ☐	NAME	MEDEROS, MICHAEL		STREET ADDRESS	2720 SW 92 COURT		CITY - ST - ZIP	MIAMI FL 33165		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change ☐ Addition ☐	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 exemptions contained in Section 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: <i>Asele Mederos</i> ASELA MEDEROS 2-21-07 (305) 827-6565 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																				