


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000026154  
 1. Entity Name  
 GUSTAVO MEDINA & ASSOCIATES, INC.



Principal Place of Business      Mailing Address  
 3332 TORREMOLINOS AVE.      3332 TORREMOLINOS AVE.  
 MIAMI, FL 33178 US      MIAMI, FL 33178 US

**DO NOT WRITE IN THIS SPACE**



03152004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0908818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MEDINA, GUSTAVO  
 3332 TORREMOLINOS AVE.  
 MIAMI, FL 33178

**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: *Gustavo Medina*      03/15/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000090225  
 03/17/04-80009-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDINA, GUSTAVO 3332 TORREMOLINOS AVE. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MEDINA, NICOLE 3332 TORREMOLINOS AVE. MIAMI, FL 33178
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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)(f), 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 any address, with all other like empowered.

SIGNATURE: *Gustavo Medina*      03/15/04 (305) 406-9949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR      Date      Daytime Phone #