


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # V36721 1. Entity Name MEDLEY BLOCK INDUSTRIES CORP.		
Principal Place of Business 10505 W OKEECHOBEE RD 201 HIALEAH GARDENS, FL 33018	Mailing Address 10505 W OKEECHOBEE RD 201 HIALEAH GARDENS, FL 33018	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALVAREZ, JUAN C. 6454 SUNRISE DR CORAL GABLES, FL 33133		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JUAN C. 6454 SUNRISE DR CORAL GABLES, FL 33133	DO NOT WRITE IN THIS SPACE 000000241440 02/24/05-80038-021 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, JUAN 10440 N.W. 132 ST. HIALEAH GARDENS, FL	
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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: JUAN ALVAREZ, TREASURER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02/18/05 <small>Date</small> 305-557-0100 <small>Daytime Phone #</small>



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0333118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required