

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # V36721 1. Entity Name MEDLEY BLOCK INDUSTRIES CORP.	
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Principal Place of Business 10505 W OKEECHOBEE RD 201 HIALEAH GARDENS, FL 33018	Mailing Address 10505 W OKEECHOBEE RD 201 HIALEAH GARDENS, FL 33018
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03082008 No Chg-F CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0333118	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1003000465557
03/23/06-00024-003 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JUAN C. 6454 SUNRISE DR CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, JUAN 10440 N.W. 132 ST. HIALEAH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Juan G*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUAN ALVAREZ
TREASURER**

03/08/06 (305)557-0100

Date

Daytime Phone #