

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000084418

**FILED**  
**Feb 23, 2014**  
**Secretary of State**  
**CC9428524945**

**Entity Name:** MEDLEY ABC CORPORATION

**Current Principal Place of Business:**

C/O 1430 S DIXIE HWY  
SUITE 321  
CORAL GABLES, FL 33146

**Current Mailing Address:**

C/O 1430 S DIXIE HWY  
SUITE 321  
CORAL GABLES, FL 33146 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MICHAEL ORTIZ P.A.  
1430 S DIXIE HWY  
SUITE 321  
CORAL GABLES, FL 33146 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P D  
Name FREITES, ALEJANDRO  
Address C/O 1430 S DIXIE HWY SUITE 321  
City-State-Zip: CORAL GABLES FL 33146

Title VP D  
Name GOLDING DE FREITES, MARIELA  
Address C/O 1430 S DIXIE HWY SUITE 321  
City-State-Zip: CORAL GABLES FL 33146

Title S  
Name ORTIZ, MICHAEL  
Address 1430 S DIXIE HWY SUITE 321  
City-State-Zip: CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL ORTIZ**

**SECRETARY**

**02/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date