


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000004647

1. Entity Name
 KAY MADISON CORPORATION



Principal Place of Business
 98 CUTTER MILL RD.
 SUITE 452
 GREAT NECK, NY 11021

Mailing Address
 98 CUTTER MILL RD.
 SUITE 452
 GREAT NECK, NY 11021



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-2573258

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, GARY P ESQ.
 SIMON & SIMON, P.A.
 9100 SO. DADELAND BLVD., STE. 504
 MIAMI, FL 33156-7815

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDVS BERKO, JEROME 150 EAST 69TH STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT DIMSTON, CHARLES 198 KINGS POINT RD. KINGSPPOINT, NY 11024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/19/04-80021-003 150.00

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: _____ **7/16/04** **516 773-4944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #