
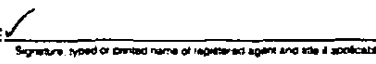
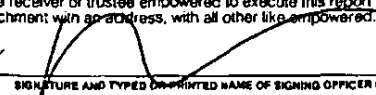


2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-13-2007 90008 024 ***150.00

DOCUMENT # P02000086594			
1. Entity Name FLORIDA MADISON INVESTMENT CORP.			
Principal Place of Business 1124 KANE CONCOURSE BAY HARBOUR ISLANDS, FL 33154		Mailing Address 1124 KANE CONCOURSE BAY HARBOUR ISLANDS, FL 33154	
2. Principal Place of Business - No P.O. Box # 666 71 Street Suite, Apt. #, etc.		3. Mailing Address 666 71 Street Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33141		Zip 33141	
Country USA		Country USA	
4. FEI Number 56-2289512		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WASERSTEIN, RICHARD 1124 KANE CONCOURSE BAY HARBOUR ISLANDS, FL 33154		7. Name and Address of New Registered Agent Name: Alan Lips Street Address (P.O. Box Number is Not Acceptable): 666 71 Street City: Miami Beach FL Zip Code: 33141	
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: _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SARLENGA, FERNANDO 9601 COLLINS AVENUE, UNIT 1709 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 666 71 Street Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SARLENGA, DANIEL A 9601 COLLINS AVENUE, UNIT 1709 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 666 71 Street Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SARLENGA, DELIA NELIDA F 9601 COLLINS AVENUE, UNIT 1709 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 666 71 Street Miami Beach, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 1/22/07 Daytime Phone: _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			