2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Manuel Cimadevilla, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 21, 2005 8:00 am Secretary of State

4/12/05 (305) 371-9213

Date

Daytime Phone #

DOCUMENT # P97000033787 1. Entity Name MADELY INVESTMENT, CORP.						04-21-2005	90245 021 ***15	58.75	
Principal Place of Business 1305 S.W. 30 AVENUE MIAMI, FL 33145		Mailing Address 1305 S.W. 30 AVENUE MIAM!, FL 33145							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		c/o Ivan A. Gomez, Es Suite, Apt. #, etc. 601 Brickell Key Drive			7	Chg-P	CR2E034 (10/03)		
City & State		City & State Miami, Florida		4. FEI Numb 65-074		<u> </u>	pplied For ot Applicable		
Zip	Country	Zip	Country U.S.	y	.1	of Status Desired	\$8.75 Add	ditional ed	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name IAG CORPORATE SERVICES, INC.					
1305 S.W.	ILLA, MANUEL 30 AVENUE		-			RATE SERV er is Not Acceptable ell Key D		•	
MIAMI, FL	33145			507		SII NEY D	TIAE		
				City Mia			FL Zin Car	f31	
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								, and accept	
SIGNATURE_	Bus Ivan A Comor Prosident # And Res. 3/46/4/								
0.0	Signature, typed or printed name of registered agent			d signature require	ed when reinstating)		DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con			5.00 May Be Ided to Fees	-		•	
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR		
NAME STREET ADORESS CITY-ST-ZIP	D CIMADEVILLA, MANUEL 1305 S.W. 30 AVENUE MIAMI, FL 33145	☐ Delete	TITLE NAME STREET	ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIMADEVILLA, DIGNORA 1305 S.W. 30 AVENUE MIAMI, FL 33145	☐ Delete	TITLE NAME STREET	ADDRESS it-zip			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	TITLE NAME STREET CITY-ST	ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. :	☐ Delete	TITLE NAME STREET CITY-SI	T ADDRESS T	gik		☐ Change	☐ Addition	
12. I hereby of indicated of the correct changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp, or on an attachment with an address,	h this filing does not qualify for its true and accurate and that sowered to execute this report with all other like empowered to the true true true true true true true tru	or the exemple the my signature of as required the manual of the manual	ption stated in S re shall have the id by Chapter 60	Section 119.07(3) e same legal effe 07, Florida Statut	(i), Florida Statutes. I ct as if made under c es; and that my name	I further certify that the i bath; that I am an office e appears in Block 10 c	OF BHOCK I FIF	