


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000033787

1. Entity Name
MADELY INVESTMENT, CORP.



Principal Place of Business
**1305 S.W. 30 AVENUE
 MIAMI, FL 33145**

Mailing Address
**C/O IVAN A GOMEZ, ESQ
 601 BRICKELL DR
 MIAMI, FL 33131**

000000443328
 03/06/06-80002-003 158.75



DO NOT WRITE IN THIS SPACE

02022008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0743092 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**IAG CORPORATE SERVICES, INC
 601 BRICKELL KEY DR
 MIAMI, FL 33131**

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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 reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIMADEVILLA, MANUEL 1305 S.W. 30 AVENUE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIMADEVILLA, DIGNORA 1305 S.W. 30 AVENUE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Manuel Cimadevilla **305-371-9213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Manuel Cimadevilla, President