

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
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



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0743092	Applied For Not Applicable
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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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000729896
 05/08/07-80050-024 158.75

10. OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07
Date

Daytime Phone #

Manuel Cimadevilla, Director

(305) 371-9213