


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 265802</b>	
1. Entity Name <b>MADISON APARTMENTS, INC.</b>	

Principal Place of Business <b>601 SOUTH 19 AVENUE HOLLYWOOD, FL 33020</b>	Mailing Address <b>601 SOUTH 19 AVENUE HOLLYWOOD, FL 33020</b>
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01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1032735</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>HUSSAIN, ZYNUL 601 S. 19TH AVE #1 HOLLYWOOD, FL 33020</b>
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**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 \_\_\_\_\_

**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**

000000603678  
01/29/07-80023-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD HUSSAIN, ZYNUL 601 S 19 AVE APT 1 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ROSA, SANDRA 601 S 19 AVE, 6 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SALVATORE, ROSA 601 S 19TH AVE #6 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RINALDI, ERMANN 601 S 19TH AVE #4 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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: ZYNUL HUSSAIN PRESIDENT 01/22/07 954 983 4858  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #