2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT #277803

1. Entity Name MADISON HOTEL CORP.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

740 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316 Mailing Address

740 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316



01152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1039022

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIEGELSEN, JOSEPH 740 S ANDREWS AVENUE FORT LAUDERDALE, FL 33316

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				IN I	HIS SPACE	
8. The above the obliga	e named entity submits this statement for the phons of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or both	in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little i	l applicable (NOTE: Registered	i Agent signature	required when re(nstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	• • • • • • • • • • • • • • • • • • • •	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIEGELSEN, JOSEPH Z 740 S ANDREWS AVE. FT LAUDERDALE, FL			U00000719607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BIEGELSEN, JEFFREY P. 740 S ANDREWS AVE. FT LAUDERDALE, FL		05/01/07-80072-003 150.0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 trustoe 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: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OF SHAPE OF SHAPE OF SHAPE OF SHAPE

VICE PRESIDENT APR 1 6 2007

954-463-6581

Daytime Phone #