

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90431 040 ***150.00

DOCUMENT # 514169

1. Entity Name
MADIO & COMPANY



Principal Place of Business
**1000 S PINE ISLAND ROAD
SUITE 230
FORT LAUDERDALE, FL 33324 US**

Mailing Address
**1000 S PINE ISLAND ROAD
SUITE 230
FORT LAUDERDALE, FL 33324 US**

9406435



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1694064

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MADIO, RALPH R
1000 S PINE ISLAND ROAD
STE 230
FORT LAUDERDALE, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MADIO, RALPH R
STREET ADDRESS 4701 VAN BUREN STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE STD
NAME MADIO, GRACE A
STREET ADDRESS 4701 VAN BUREN STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VD
NAME MADIO, DIANE M
STREET ADDRESS 4701 VAN BUREN STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE V
NAME MADIO, RUSS R
STREET ADDRESS 10346 SW 22ND PL
CITY-ST-ZIP DAVIE, FL 33324

TITLE V
NAME STRUZYSKI, CARRIE M
STREET ADDRESS 4701 VAN BUREN STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

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 exemption stated in Section 119.07(3)(i), 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:

Russ R. Madio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

Date

954-343-8300

Daytime Phone #

Russ R. Madio