

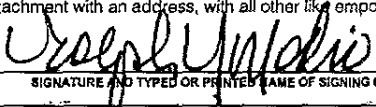


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 514169 1. Entity Name MADIO & COMPANY			
Principal Place of Business 8211 WEST BROWARD BLVD. SUITE 120 PLANTATION, FL 33324 US		Mailing Address 8211 WEST BROWARD BLVD. SUITE 120 PLANTATION, FL 33324 US	
DO NOT WRITE IN THIS SPACE			
		04102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1694064	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MADIO, RALPH R 8211 WEST BROWARD BLVD, STE 120 PLANTATION, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000521024 05/02/06-80122-004 150.00	
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	STRUZYNSKI, CARRIE M		
STREET ADDRESS	4701 VAN BUREN STREET		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		
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 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: 		4/17/06 954-475-0201	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	