

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003711

FILED
Mar 01, 2007
Secretary of State

Entity Name: MADISON AVENUE SECURITIES, INC.

Current Principal Place of Business:

10731 TREENA ST.
SUITE 201
SAN DIEGO, CA 92131

New Principal Place of Business:

Current Mailing Address:

10731 TREENA ST.
SUITE 201
SAN DIEGO, CA 92131

New Mailing Address:

FEI Number: 71-0987804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANZANARES, ISMAEL JR
Address: 10731 TREENA ST. SUITE 201
City-St-Zip: SAN DIEGO, CA 92131

Title: D () Delete
Name: MIDLAM, MICHAEL
Address: 9715 BUSINESSPARK AVE.
City-St-Zip: SAN DIEGO, CA 92131

Title: SV () Delete
Name: SINCLAIR, JANE
Address: 10731 TREENA ST. SUITE 201
City-St-Zip: SAN DIEGO, CA 92131

Title: T () Delete
Name: KNAPP, CONSTANCE
Address: 10731 TREENA ST. SUITE 201
City-St-Zip: SAN DIEGO, CA 92131

Title: D () Delete
Name: FORT, COLIN
Address: 1053 PASSIFLORA AVE.
City-St-Zip: LEUCADIA, CA 92024

Title: D () Delete
Name: DURLAND, LESLIE L
Address: 2519 OLD DARBY ROAD
City-St-Zip: DARBY, MT 59829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISMAEL MANZANARES, JR

PD

03/01/2007

Electronic Signature of Signing Officer or Director

_____ Date