

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005208

FILED
Apr 30, 2004
Secretary of State**Entity Name:** MADISON AVENUE FOR KIDS, INC.**Current Principal Place of Business:**13153 S.W. 25TH PLACE
DAVIE, FL 33325**New Principal Place of Business:****Current Mailing Address:**13153 S.W. 25TH PLACE
DAVIE, FL 33325**New Mailing Address:****FEI Number:** 57-1181407**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JAMES, KEITH A ESQUIRE
250 AUSTRALIAN AVENUE SOUTH
SUITE 500
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: MADISON, SAMUEL
Address: 13153 S.W. 25TH PLACE
City-St-Zip: DAVIE, FL 33325**Title:** D () Delete
Name: MADISON, SASKIA
Address: 13153 S.W. 25TH PLACE
City-St-Zip: DAVIE, FL 33325**Title:** D () Delete
Name: WARREN, CLEVE
Address: 10543 ARROWHEAD COURT
City-St-Zip: JACKSONVILLE, FL 32257**Title:** D () Delete
Name: WILLIAMS, SHAKIRA
Address: 275 JOHN KNOX ROAD, #C202
City-St-Zip: TALLAHASSEE, FL 32303**Title:** D () Delete
Name: TAYLOR, QUINTON
Address: 1831 N.W. 135TH STREET
City-St-Zip: MIAMI, FL 33167**Title:** D () Delete
Name: IEZZA, CATHY
Address: 430 GOLDEN ISLES DRIVE, #703
City-St-Zip: HALLANDALE BEACH, FL 33009**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
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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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SASKIA MADISON

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date

KAREEN FARNELL
1037 NE 202 LANE
MIAMI, FL 33179

CHERYL MCDONALD
3208 BAYVIEW DRIVE #205
FT LAUDERDALE, FL 33306

MARY MADISON
351 RIDGE ROAD
MONTICELLO, FL 32344

GUY TROUPE
P.O. BOX 702011
DALLAS, TX 75370

TODRA ANDERSON, MD
19500 SW 39TH CT.
MIRAMAR, FL 33029

ROBERT SOCOL
20810 W. DIXIE HWY
N. MIAMI BEACH, FL 33180

KEITH JAMES, ESQUIRE
250 AUSTRALIAN AVE, SUITE 500
WEST PALM BEACH, FL 33401