

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009321

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** 119 MADEIRA CORP.

**Current Principal Place of Business:**

POBOX330362  
COCONUT GROVE, FL 33233 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 330362  
COCONUT GROVE, FL 33233 US

**New Mailing Address:**

**FEI Number:** 65-1072123      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAMIZO III, MANUEL  
PO BOX 330362  
COCONUT GROVE, FL 33233 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:** PSTD ( ) Delete  
**Name:** CHAMIZO III, MANUEL  
**Address:** 123 MADEIRA AVE. SUITE# 201  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PSTD (X) Change ( ) Addition  
**Name:** CHAMIZO III, MANUEL  
**Address:** PO BOX 330362  
**City-St-Zip:** COCONUT GROVE, FL 33233 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL CHAMIZO III

PSTD

04/26/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date