## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 04, 2006 08:00 AM Secretary of State **DOCUMENT # P01000009545** MADRIGAL EXPRESS, INC. Principal Place of Business Mailing Address 1789 N.W. 22 STREET 1789 N.W. 22 STREET MIAMI, FL 33142 MiAMI, FL 33142 05012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1071544 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MADRIGAL, JOSE A DO NOT WRITE 1485 NW 32ND ST. MIAMI, FL 33142 IN THIS SPACE rpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept 8. The above named entity submits this statement for the p the obligations of registered agent/ 04/29/06 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered age Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000562636 Trust Fund Contribution. Added to Fees 05/19/06-80065-019 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME MADRIGAL, JOSE A 1485 NW 32ND ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 life empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-78P TITLE NAME STREET ADDRESS CITY-ST-ZIP

> ME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NA

FILED