FILED May 27, 2002 8:00 am Secretary of State 05-27-2002 90448 005 ***150.00

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # POIOOO81803 Madison Ocean Realty Corp.					071946	
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 4040 Galt Ocean Drive Suite. Apt. # etc. No. 704 3. Mailing Address 160-35 91st Suite. Apt. #. etc.			t Street	btreet DO NOT WRITE IN THIS SPACE		
City & State Ft. Lauderdale, FL		City & State Howard Beach, N.Y.			4. FEI Number. 03-0424562	Applied For Not Applicable
^{zig} 3331	08 CUSA	1 ^{Zi} 4 1 4	^C O'S'X		5. Certificate of Status Desired	8.75 Additional
	Andrew collection of the second of the second of		1140	7. Name and Address of Current Registered Agent		
Street Address IP.O. Box Number is Not Acceptable)						11.13
(1)	IN THIS SP	ACE SECTION	2 22		OULD: OURIANC PAIR D	Iva.
			City			Zin Code
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.						
SIGNATURE Signature. Upped or primped name of registered agent and links if applicable. (NOTE: Registered Agent signature required when reinstaturg) DATE						
9. This corporation is eligible to satisfy its Intancible						
Tax filing (See crite	After May	Fee is \$550.00 UBR is \$61.25	1 分的分数 作40分	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D		a ro nepartitien	r or State		
TITLE NAME	Anna Russo P	res.	IIILE D			
STREET ADDRESS	160-35 91st Str	eet	NAME STREET ADDRESS			(12/01)
CITY-ST-ZIP	Howard Beach, N	.Y. 11414	CITY-ST-ZIP			
TITLE NAME	Pietro Russo V	ice Pres.	TITLE	ر روم الاستورانية	A Mary Company of the	CR2E034B
STREET ADDRESS	160-35 91st Str	ęeț 🛫	NAME STREET ADDRESS	10000		5
CITY-ST-ZIP	Howard Beach, N	Y: 11414	CITY-ST-ZIP			
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CITY-ST-ZIP		. <u></u>	CITY-ST-ZIP		DO NOT WRIT	E
NAME .	,		; TITLE	11 July 1	IN THIS SPACE	
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CITY-ST-ZIP			STREET ADDRESS	grafia di Salahari Salahari Salahari		
TITLE NAME			TITLE I TO			
STREET ADDRESS			NAME	,		
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TITLE		- +-	TIFLE (C)			Single Company
STREET ADDRESS			NAME STREET ADDRESS			
	•				and the state of t	

13. I hereby certify that the information supplied with this filling does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Uin 7 2012 954 544-4101