2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE: _

of the corporation or the receiver or trustee emporchanged, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

May 03, 2006 8:00 am Secretary of State ANNUAL REPORT 05-03-2006 90198 036 ***150.00 DOCUMENT # P01000084967 1. Entity Name MADOLF MANAGEMENT INC. 40080589 Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 52-2338699 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent TRANSGLOBAL CORP. ADMIN, LLC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 8. The above named entity subng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of change the obligations of registere SIGNATURE o name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition BATISTA, ADOLFO NAME NAME STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ROJAS, MARCO E NAME NAME STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE Delete TITLE Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MARKE HAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 economic true exempts as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if