
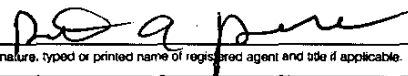


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90021 008 ***150.00

DOCUMENT # P02000133214 1. Entity Name MADEIRA GROUP, INC.																													
Principal Place of Business 6551 SHORELINE DR., UNIT 6202 ST. PETERSBURG, FL 33708				Mailing Address P.O. BOX 86098 MADEIRA BEACH, FL 33738																									
2. Principal Place of Business - No P.O. Box # 13417 GULF LANE		3. Mailing Address Suite, Apt. #, etc.																											
City & State MADEIRA BEACH, FL		City & State		4. FEI Number 16-1645899																									
Zip 33708		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent COSTON, JUANITA 6551 SHORELINE DR. UNIT 6202 ST. PETERSBURG, FL 33708				7. Name and Address of New Registered Agent Name ROBERT SPAETH Street Address (P.O. Box Number is Not Acceptable) 13417 GULF LANE City MADEIRA BEACH FL Zip Code 33708																									
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. I am familiar with, and accept the obligations of registered agent.																													
X SIGNATURE  3/12/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PTD</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COSTON, JUANITA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6551 SHORELINE DR., UNIT 6202</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST. PETERSBURG, FL 33708</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PTD	<input checked="" type="checkbox"/> Delete	NAME	COSTON, JUANITA		STREET ADDRESS	6551 SHORELINE DR., UNIT 6202		CITY - ST - ZIP	ST. PETERSBURG, FL 33708		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 like empowered.

X SIGNATURE:  3/12/08 727-643-9558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR