

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90109 012 ***150.00

DOCUMENT # P04000018543 1. Entity Name MADISON GLEN HOLDINGS, INC.			
Principal Place of Business 1401 BRICKELL AVENUE SUITE 530 MIAMI, FL 33131		Mailing Address 1401 BRICKELL AVENUE SUITE 530 MIAMI, FL 33131	
2. Principal Place of Business 600 BRICKELL AV. Suite, Apt. #, etc. SUITE #201		3. Mailing Address 600 BRICKELL AV. Suite, Apt. #, etc. SUITE #201	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33131	Country USA	Zip 33131	Country USA
4. FEI Number 56-2434550		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T 2665 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL		7. Name and Address of New Registered Agent Name * Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. SIGNATURE <u><i>Luis Parajon</i></u> 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNING, BERTHA 1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOWNING, BERTHA 600 BRICKELL AV. #201 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARAJON, LUIS 1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARAJON, LUIS 600 BRICKELL AV. #201 MIAMI FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Luis Parajon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/27/05</u> Daytime Phone #	