


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90071 035 \*\*\*150.00

DOCUMENT # P04000032252			
1. Entity Name KEITH MADONIA, CORP.			
Principal Place of Business C/O PRIORITY FITNESS NETWORK, INC. 8555 S W 124TH AVENUE MIAMI, FL 33186		Mailing Address C/O PRIORITY FITNESS NETWORK, INC. 8555 S W 124TH AVENUE MIAMI, FL 33186	
2. Principal Place of Business		3. Mailing Address <i>14020 SW 74th Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Miami, FL</i>	
Zip	Country	Zip <i>33183</i>	Country <i>U.S.A.</i>
4. FEI Number <i>20-0772093</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name <i>Keith Madonia</i> Street Address (P.O. Box Number is Not Acceptable) <i>14020 SW 74th Street.</i> City <i>Miami</i> <b>FL</b> Zip Code <i>33183</i>	
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 <i>Keith Madonia</i> DATE <i>2/28/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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 MADONIA, KEITH C/O 8555 SW 124TH AVENUE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14020 SW 74th Street</i> <i>Miami, FL 33183</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Keith Madonia</i>		DATE: <i>2/28/05</i> DAYTIME PHONE #: <i>305-310-3702</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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