2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000045010

1. Entity Name
MADY ILLUSIONS INC.

Principal Place of Business
1855 WEST 62ND STREET APT. 208
HIALEAH, FL 33012

Mailing Address
1855 WEST 62ND STREET
208
HIALEAH, FL 33012

01042007 No Chg-P CR2E034 (11/05)

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4. FEI Number
84-1640407

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

Name and Address of Current Registered Agent

CARMONA, ENA Z
1855 WEST 62ND STREET
208
HIALEAH, FL 33012

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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: ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARMONA, ENA Z
STREET ADDRESS	1855 WEST 62ND STREET APT. 208
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	STD
NAME	GONZALEZ JORGE Q
STREET ADDRESS	1855 WEST 62ND STREET APT. 208
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
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CITY-ST-ZIP	

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04/26/07-80079-010 150.00

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 or is attached with an address, with all other like empowered.

SIGNATURE: Ena Z. Carmona 4/10/07 (786) 346-5490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #