

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                 |                                                                       |                                                                                                                         |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------|
| <b>DOCUMENT # P04000108312</b>                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                 |                                                                       |                                        |          |
| 1. Entity Name<br><b>MADAM-X INC.</b>                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                 |                                                                       |                                                                                                                         |          |
| Principal Place of Business<br><b>19440 NE 26TH AVE - 53-B<br/>MIAMI FL 33180</b>                                                                                                                                                                                                                                                                                                       |                                                                        |                                 | Mailing Address<br><b>19440 NE 26TH AVE - 53-B<br/>MIAMI FL 33180</b> |                                                                                                                         |          |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                 | 3. Mailing Address                                                    |                                                                                                                         |          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                 | Suite, Apt. #, etc.                                                   |                                                                                                                         |          |
| City & State                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                 | City & State                                                          |                                                                                                                         |          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                     | Country                                                                | Zip                             | Country                                                               |                                                                                                                         |          |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                 |                                                                       | 7. Name and Address of New Registered Agent                                                                             |          |
| <b>CHURCHILL, DAMIAN<br/>19440 NE 26TH AVE - 53-B<br/>MIAMI FL 33180</b>                                                                                                                                                                                                                                                                                                                |                                                                        |                                 |                                                                       | Name                                                                                                                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                 |                                                                       | Street Address (P.O. Box Number is Not Acceptable)                                                                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                 |                                                                       | City                                                                                                                    | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reappointing)                                                                                                                                                                                                                                                                                                           |                                                                        |                                 |                                                                       |                                                                                                                         |          |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div> <b>9. Election Campaign Financing</b><br/> <b>Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div> |                                                                        |                                 |                                                                       |                                                                                                                         |          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |                                                                                                                         |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                          | PD<br>GRAPPEL, ESTHER<br>160 WEST END AVE - 27B<br>NEW YORK NY 10023   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000416498</b><br><b>02/13/06-80016-021 150.00</b> |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                          | VPD<br>CHURCHILL, DAMIAN<br>19440 NE 26TH AVE - 53-B<br>MIAMI FL 33180 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                          |                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                          |                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                          |                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                          |                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |          |



1st MOORE CR2E034 (10/05)

4. FEI Number **90-0188401** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

FL Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Damian Churchill **Damian Churchill** 1-25-06 3051 525-4281