

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060936

FILED
Jan 11, 2008
Secretary of State

Entity Name: TAYLOR MADISON HOLDINGS, INC.

Current Principal Place of Business:

2875 NE 191ST STREET
511
AVENTURA, FL 33180

New Principal Place of Business:

2875 NE 191ST STREET
PH2
AVENTURA, FL 33180

Current Mailing Address:

2875 NE 191ST STREET
511
AVENTURA, FL 33180

New Mailing Address:

2875 NE 191ST STREET
PH2
AVENTURA, FL 33180

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LALLOUZ, LUCIEN
2875 NE 191ST STREET
511
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

LALLOUZ, LUCIEN
2875 NE 191ST STREET
PH2
AVENTURA, FL 33180 US

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.

SIGNATURE: LUCIEN LALLOUZ

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LALLOUZ, LUCIEN
Address: 2875 NE 191ST STREET SUITE 511
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LALLOUZ, LUCIEN
Address: 2875 NE 191ST STREET SUITE PH2
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCIEN LALLOUZ

P

01/11/2008

Electronic Signature of Signing Officer or Director

Date