

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90362 016 ***150.00

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1. Entity Name
MADA HOLDINGS, INC.

Principal Place of Business
**3836 NW 125 ST
OPA LOCKA, FL 33054**

Mailing Address
**3300 NE 192ST
602
AVENTURA, FL 33180**

2. Principal Place of Business

3. Mailing Address

1508 Bay Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#865

City & State

City & State
Miami Beach, FL

Zip

Country

Zip
33139

Country
U.S.

01062006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2871531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITEBOOK, DANIEL S
4700 NW 132ST
MIAMI, FL 33054**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**P
WIEDER, ADAM
3300 NE 192 ST #602
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WIEDER, ADAM
1508 BAY RD #865
MIAMI BEACH, FL 33139** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
WIEDER, ADAM
3300 NE 192ST #602
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
WIEDER, ADAM
1508 BAY RD #865
MIAMI BEACH, FL 33139** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Adam Wieder, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adam Wieder, President
Date

3/1/06
Date

(786) 295-0643
Daytime Phone #