2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 A Secretary of State **DOCUMENT # P05000167350** 1. Entity Name MADELYN'S CAKES, INC. Principal Place of Business Malling Address 40 WEST 49TH STREET A SEA SHOULD BE UNDER ON 40 WEST 49TH STREET HIALEAH, FL 33012 HIALEAH, FL 33012 CR2E034 (11/05) 01092008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4002725 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALFONSO, MADELYN DO NOT WRITE 5065 EAST 9TH LANE HIALEAH, FL 33013 IN THIS SPACE: 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 131 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees · OFFICERS AND DIRECTORS DPST ALFONSO, MADELYN NAME 5065 EAST 9TH LANE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 TITLE U00000781582 01/15/08-80041-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP TTTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-7IP 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 pame appears in Block 10 or Block 11 if

with all other like empowered.