## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000021625

Entity Name: MADISON PARKER, INC

FILED May 01, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

105 NW 109TH AVENUE 20533 BISCAYNE BLVD. APT.# 303 N-233

PEMBROKE PINES, FL 33026 AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

 105 NW 109TH AVENUE
 20533 BISCAYNE BLVD.

 APT.# 303
 N-233

 PEMBROKE PINES, FL 33026
 AVENTURA, FL 33180

FEI Number: 27-2576404 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LABOSSIERE, JOCELYNE

105 NW 109TH AVENUE

APT.# 303

PEMBROKE PINES, FL 33026 US

LABOSSIERE, JOCELYNE
20533 BISCAYNE BLVD.
N-233

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: 05/01/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: LABOSSIERE, JOCELYNE

Address: 20533 BISCAYNE BLVD., SUITE N-233

City-St-Zip: AVENTURA, FL 33180

Title: S

Name: LABOSSIERE, JOCELYNE

Address: 20533 BISCAYNE BLVD., SUITE N-233

City-St-Zip: AVENTURA, FL 33180

Title: T

Name: LABOSSIERE, JOCELYNE

Address: 20533 BISCAYNE BLVD., SUITE N-233 City-St-Zip: PEMBROKE PINES, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: JOCELYNE LABOSSIERE P 05/01/2012