

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90171 024 ***158.75

40069303



04172006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0416171** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P93000002879
1. Entity Name
MADISON CONSTRUCTION GROUP, INC.



Principal Place of Business
**4905 SW 74TH CT.
UNIT # 11
MIAMI, FL 33156 US**

Mailing Address
**4905 SW 74TH CT.
UNIT # 11
MIAMI, FL 33156 US**

2. Principal Place of Business
4905 SW 74 court

3. Mailing Address
4905 SW 74 Court

Suite, Apt. #, etc.

City & State
Miami, Fl.

City & State
Miami, Fl.

Zip
33155

Country
USA

Zip
33155

Country
USA

6. Name and Address of Current Registered Agent

FIGUEROA, CARLOS
4905 SW 74TH CT.
UNIT # 11
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code **2**

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]* (NOTE: Registered Agent signature required when reinstating.) DATE **April 17th, 2006**

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	PTD FIGUEROA, CARLOS 4905 SW 74TH CT. UNIT # 11 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FIGUEROA, ANA M 4905 SW 74TH CT. UNIT # 11 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, or in all other like empowered.

SIGNATURE: *[Signature]* **04.17.06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #