## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2005 08:00 AM Secretary of State

| DOCUMENT # P93000082065  1. Entity Name MADRIGAL'S TRAVEL & ZURQUI TOURS, CORP. |  |   |                        |                                   | ı  |                        |
|---|--|---|------------------------|-----------------------------------|--|------------------------|
| Principal Place<br>973 S.W. 8TI<br>SUITE B<br>MIAMI, FL 3.                      | H STREET S   | ailing Address<br>173 S.W. 8TH STREET<br>UITE B<br>NAMI, FL 33130 |                        |                                   |  |                        |
| DO NOT WRITE IN THIS SPA  |  |   | CE                     | 01272005<br>4. FEI Numb<br>65-045 | 01272005 No Chg-P CR2E034 (10/03)  4. FEI Number |                        |
| SUITE B<br>MIAMI, FL  | STH STREET   |   | ed office or regi      | IN .                              | NOT W THIS SF                                    | PACE                   |
| SIGNATURE.  | Signature, typed or printed name of registered agent and title | if appRcable. (NOTE: Registers                                    | ed Agent signature req | uired when reinstating)           |  | DATE                   |
|   | E NOW!!! FEE IS \$150,00<br>ay 1, 2005 Fee will be \$550.00    | Election Campaign Final<br>Trust Fund Contribution.               | ncing                  | \$5.00 May Be<br>Added to Fees    |  |                        |
| 10.   | OFFICERS AND DIRE  | CTORS   | -                      |                                   | <u></u>  |                        |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                       | MADRIGAL, CECILIA<br>1591 NE 108TH STREET<br>MIAMI, FL 33161   | <u> </u>  |                        |                                   | Un0000121<br>02/04/05-80                         | 5081<br>037-017 150.00 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Cearlie madrige

02-01-0

IN THIS SPACE