2005 FOR PROFIT CORPORATION

SIGNATURE:

IGNATURE AND TYPED OX PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED ANNUAL REPORT Jul 20, 2005 08:00 AM DOCUMENT # P94000070575 **Secretary of State** 1. Entity Name MADAGIO INC. Principal Place of Business _ Mailing Address ⁼ P.O. BOX 403101 143 NE 43RD STREET MIAMI BEACH, FL 33140 MIAMI, FL 33137 07132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0521840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOLINARI, GIAN MARIO 1179 BAY DRIVE MIAMI BEACH, FL 33141 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 the obligations of registered agent. U00000373793 <u> 20/05-80807-0</u>04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE MOLINARI, GIAN MARIO NAME 1179 BAY DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33141 TITLE MOLINARI, MARTA E NAME 1179 BAY DRIVE STREET ADDRESS MIAMI, FL 33141 CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

ELEVA MOLINARI TI