


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000070575**

1. Entity Name  
**MADAGIO INC.**



Principal Place of Business  
**143 NE 43RD STREET  
MIAMI, FL 33137**

Mailing Address  
**P.O. BOX 403101  
MIAMI BEACH, FL 33140**

**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0521840**

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

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent

**MOLINARI, GIAN MARIO  
1179 BAY DRIVE  
MIAMI BEACH, FL 33141**

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLINARI, GIAN MARIO 1179 BAY DRIVE MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLINARI, MARTA E 1179 BAY DRIVE MIAMI, FL 33141
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**DO NOT WRITE  
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04/19/06-80065-005 150.00

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, with all other like empowered.

SIGNATURE: *Marta E Molinari* **MARTA E MOLINARI** 4/1/06 (305) 867-1993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #