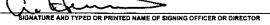
2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED DOCUMENT # P95000028226 Aug 06, 2008 08:00 AM Secretary of State 1. Entity Name MADRID ASSOCIATES, INCORPORATED Principal Place of Business Mailing Address 2351 THOMAS STREET 2351 THOMAS STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 07302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0588019 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERRMANN, ARTHUR F DO NOT WRITE 2351 THOMAS STREET HOLLYWOOD, FL 33020 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. U00000957244 08/06/08-80005-020 150.00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. DPVT TITLE LUGO, FELIX A A JR. NAME STREET ADDRESS 1920 NW 41 SSTREET CITY-ST-ZIP FORT LAUDERDALE, FL 33309 TITLE HERRMANN, ARTHUR F NAME STREET ADDRESS 2351 THOMAS STREET CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP TITLE

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:

NAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP



Date

Daytime Phone #