

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90431 041 ***150.00

DOCUMENT # P97000053800

1. Entity Name
MADIO MGA, INC.



Principal Place of Business
**1000 S. PINE ISLAND ROAD
SUITE 230
PLANTATION, FL 33324 US**

Mailing Address
**1000 S. PINE ISLAND ROAD
SUITE 230
PLANTATION, FL 33324 US**

94064435



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0761684

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MADIO, RALPH R
1000 S. PINE ISLAND ROAD
SUITE 230
PLANTATION, FL 33324**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PSD
MADIO, RUSS R
1000 S. PINE ISLAND ROAD, #230
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MADIO, GRACE A
1000 S. PINE ISLAND ROAD, #230
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ASDV
MADIO, RALPH R
1000 S. PINE ISLAND ROAD, #230
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MADIO, ROBERT R
1000 S. PINE ISLAND ROAD, #230
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Russ R. Madio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

Date

954-343-8320

Daytime Phone #

RUSS R. MADIO