

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90155 027 \*\*\*150.00

14007274



04192005 Chg-P CR2E034 (10/03)

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

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**8211 WEST BROWARD BLVD SUITE 120**  
City **PLANTATION** FL Zip Code **33324**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME MADIO, RUSS R ☐ Delete  
STREET ADDRESS 1000 S. PINE ISLAND ROAD, #230  
CITY-ST-ZIP PLANTATION, FL 33324

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8211 WEST BROWARD BLVD SUITE 120**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8211 WEST BROWARD BLVD SUITE 120**  
CITY-ST-ZIP **PLANTATION FL 33324**

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NAME  
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TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8211 WEST BROWARD BLVD SUITE 120**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ralph Y. Madio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/05*  
Date

*954-475-0201*  
Daytime Phone \*