

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000040458

1. Entity Name
MADFOC, INC.



Principal Place of Business
**230 5TH STREET
MIAMI BEACH, FL 33139**

Mailing Address
**230 5TH STREET
MIAMI BEACH, FL 33139**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0913933** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBINS, SCOTT B
230 5TH STREET
MIAMI BEACH, FL 33139**

**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

**U00000041230
02/09/04-80081-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBINS, SCOTT
STREET ADDRESS 230 5TH ST
CITY-ST-ZIP MIAMI BCH, FL 33131

TITLE D
NAME GOLDBERG, BRUCE
STREET ADDRESS 16115 NW 52ND AVE
CITY-ST-ZIP MIAMI, FL 33014

TITLE D
NAME MAMALIN, MARK
STREET ADDRESS 1758 W 28TH ST
CITY-ST-ZIP SUNSET, FL

TITLE D
NAME LEVINE, PHILIP
STREET ADDRESS 960 ALTON RD
CITY-ST-ZIP MIAMI BCH, FL 33139

TITLE D
NAME MALNIK, SHAREEF
STREET ADDRESS 432 41 ST
CITY-ST-ZIP MIAMI BCH, FL 33140

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #