

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000037674

1. Entity Name
MADISON POINT (USA), INC.



Principal Place of Business
444 BRICKELL AVE
STE 300
MIAMI, FL 33131

Mailing Address
444 BRICKELL AVE
STE 300
MIAMI, FL 33131

FILED

04 FEB 27 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0932682

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEON, ALBERTO A ESQ
444 BRICKELL AVE
STE 300
MIAMI, FL 33131

**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
DPST
ESPEJO, ELSY
18671 COLLINS AVE #1904
SUNNY ISLES, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

800030933848
03/23/04--01069--023 **150.00

**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 2/6/04

(305) 298-4856
Daytime Phone #