

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000086396

1. Entity Name
M.A.D. DESIGNS, INC.



Principal Place of Business
2428 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Mailing Address
2428 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1015971

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIEZ, MARIA A
931 COTORRO AVENUE
CORAL GABLES, FL 33146

**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

U000000182128
06/04/04-80002-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME DIEZ, MARIA A
STREET ADDRESS 931 COTORRO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME GUERRERO, JOSE LUIS
STREET ADDRESS 931 COTORRO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE S
NAME DIEZ, YADIRA
STREET ADDRESS 100 EDGEWATER DR #309
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000182128
05/04/04-80002-025 158.75

**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:

Alexandra Diez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

305-46
Daytime Phone #