

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**



DOCUMENT # P99000087480

1. Entity Name  
**MADIEDO HOLDINGS, INC.**

Principal Place of Business      Mailing Address  
 2151 NW 93RD AVE.                      2151 NW 93RD AVE.  
 MIAMI FL 33172                              MIAMI FL 33172



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt #, etc.                                      Suite, Apt #, etc.

1st MOORE      CR2E034 (10/06)

City & State                                      City & State      4. FEI Number      Applied For  
 Zip      Country                                      Zip      Country      65-0951809      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOHATCH, JOHN S 2600 DOUGLAS RD. PENTHOUSE 8 CORAL GABLES FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL      Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADIEDO, REYNALDO			NAME			
STREET ADDRESS	2151 NW 93RD AVE.			STREET ADDRESS	U00000619401		
CITY-STATE-ZIP	MIAMI FL 33172			CITY-STATE-ZIP	02/08/07-80071-007 158.75		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADIEDO, BIBIANA			NAME			
STREET ADDRESS	2151 NW 93RD AVE.			STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL 33172			CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: January 31, 2007  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 Reynaldo Madiedo, President