

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 754122**

1. Entity Name  
MIDWAY GARDENS APARTMENTS CONDOMINIUM ASSOCIATION, INC.



FILED  
06 MAR 23 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P O BOX 52-1195  
MIAMI, FL 33152

Mailing Address  
P O BOX 52-1195  
MIAMI, FL 33152



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03082006 Chg-NP CR2E037 (11/05)

City & State  
Zip Country

4. FEI Number  
59-2646694

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
CASO-CARLOS R ESQ  
1300 CORAL WAY  
STE 301  
MIAMI, FL 33145

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OBREGON, ANAMARIS 8265 NW 8TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASIS, MARIO 8235 NW 7TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINEZ, ANA 8226 NW 8TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MATUS, NUBIA 8228 NW 8 ST MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE CABELLO, SUSANA 8219 NW 7 ST MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIO MASIS 8235 N.W. 7st. Miami, Fl. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Anamaris Obregon. 8265 N.W. 8st. Miami, Fl. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Susana Cabello 8219 N.W. 7st. Miami, Fl. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NUBIA MATUS 8228 N.W. 8st. Miami, Fl. 33126 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE Ana Martinez 8226 N.W. 8st. Miami, Fl. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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] VP. 3/20/06 (305) 598-7651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #