


FILED
Apr 17, 2007 08:00 AM
Secretary of State


**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F94000001196
 1. Entity Name
 MIDWOOD MANAGEMENT CORP.



Principal Place of Business Mailing Address
 430 PARK AVE., STE. 505 430 PARK AVE., STE. 505
 NEW YORK, NY 10022 NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE



03032007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3249484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIZ, MARIE C
 335 ELVIRA AVE.
 CORAL GABLES, FL 33134

**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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when retaking)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

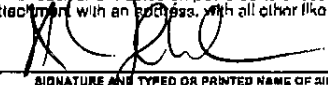
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P USDAN, JOHN 430 PARK AVE., STE. 505 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAH, SACHIN 430 PARK AVE., STE. 505 NEW YORK, NY 10022
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 04/26/07-80056-003 150.00

**DO NOT WRITE
 IN THIS SPACE**

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 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:  4/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #