

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90399 005 ****61.25

DOCUMENT # N07476	
1. Entity Name MIDWAY MANSIONS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7989 NW 7 STREET MIAMI FL 33126	Mailing Address UNLIMITED MANAGEMENT SERVICES INC P.O. BOX 440067 MIAMI FL 33144-0067 US
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94078096



MOORE CR2E037 (11/03)

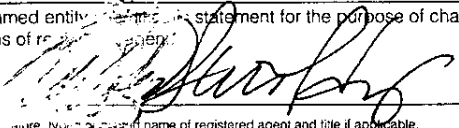
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2615011	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALASO, NICOLAS 11890 SW 8TH ST, STE 100 MIAMI FL 33184

7. Name and Address of New Registered Agent Name: <u>HERNANDEZ, Luis</u> Street Address (P.O. Box Number is Not Acceptable): <u>11890 SW 8 Street</u> Suite: <u>301</u> City: <u>Miami</u> FL Zip Code: <u>33184</u>

8. The above named entity hereby certifies that the 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: <u>04-23-04</u>
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
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9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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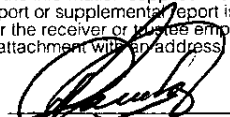
Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOMEZ, RAFAEL 9450 SW 72 ST. SUITE 203 MIAMI FL 33173 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PULIDO, REGLA 7993 NW 7 STREET #1 MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALASO, NICOLAS 7987 NW 7TH ST #D11 MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SANCHEZ, JOSE 7987 NW 7TH ST #D5 MIAMI FL 33126 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, DELFA 7985 NW 7TH ST #A1 MIAMI FL 33126 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GOMEZ, Rafael 6971 NW 82 Ave. Miami, FL. 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GARCIA, Delfa 7985 NW 7 Street, #1 Miami, FL. 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SANCHEZ, Jose 7987 NW 7 Street, #D5 Miami, FL. 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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.	
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SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-04 (300) 553-9731

Date Daytime Phone #