

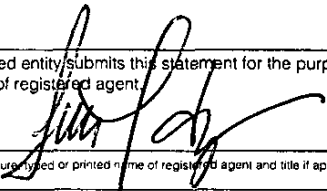
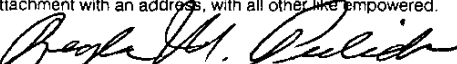
AMENDED

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 17 AM 8:00

200043491612
12/17/04--01048--001 **\$1.25

DOCUMENT # N07476			
1. Entity Name MIDWAY MANSIONS TOWNHOMES COND. ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 7989 NW 7 Street		3. Mailing Address P.O. Box 440067	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Fl.		City & State Miami, Fl.	
Zip 33126	Country USA	Zip 33144	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name HERNANDEZ, Luis	
		Street Address (P.O. Box Number is Not Acceptable) 11890 SW 8 Street,	
		Suite Suite 401	
		City Miami	
		FL Zip Code 33184	
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 12/14/04	
Filing Fee is \$61.25 Due by May 1, 2004		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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		P/D VALCARCEL, Barbara 7989 NW 7 Street, # B-2 Miami, Fl. 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		VP/D LEON, Norma 7989 NW 7 Street, # B-6 Miami, Fl. 3126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
		S/D GANEM, Rafael 6971 NW 82 Ave. Miami, Fl. 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		T/D PULIDO, Regla 7993 NW 7 Street, # E-1 Miami, Fl. 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		D/D TRELLES, Blanca 7989 NW 7 Street, # D-1 Miami, Fl. 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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.			
SIGNATURE: 		Date 12/12/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (305) 553 9731	