AMENDED

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 17 AM 8:00

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12/17/04--01048--001 **61.25

DOCUMENT # N07476

1. Entity Name
MIDWAY MANSIONS TOWNHOMES COND. ASSOCIATION, INC.

[redacted]

Principal Place of Business	Mailing Address

[redacted]

01222004 Chg-NP CR2E037 (10/03) MRD

2. Principal Place of Business	3. Mailing Address
7989 NW 7 Street	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

4. FEI Number: 59-2615011 ☐ Applied For ☐ 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

Name: HERNANDEZ, Luis
Street Address (P.O. Box Number is Not Acceptable): 11890 SW 8 Street, 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 _____ 12/14/04
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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D VALCARCEL, Barbara 7989 NW 7 Street, # B-2 Miami, Fl. 33126 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D LEON, Norma 7989 NW 7 Street, # B-6 Miami, Fl. 3126 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D GANEM, Rafael 6971 NW 82 Ave. Miami, Fl. 33166 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D PULIDO, Regla 7993 NW 7 Street, # E-1 Miami, Fl. 33126 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/D TRELLES, Blanca 7989 NW 7 Street, # D-1 Miami, Fl. 33126 ☐ Change ☒ Addition
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: Regla M. Pulido 12/12/04 (305) 5539731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #