2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000002701

STREET ADDRESS

CITY-ST-ZIF

FILED Jun 03, 2004 8:00 am Secretary of State 04-19-2004 90697 001 *3,758.75

Principal Place of Business 9305 DIME HWY STE 1500 9305 DIME HWY STE	1. Entity Name MIDWEST GRAIN IMPORT & EXPORT COMPANY										
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SEGREDO, FRANK J 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named entity submit prepared to the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligation of registered agent, or both, in the State of Forida. Interest property of the purpose of changing familiar agent	Zip	_Country e	- Zip	-Country					\$8:75 Add	litional	
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Either above named entity submit: It is flatement for the purpose of changing its registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Plorida. 1 am familiar with, and accept the plorida. City Fig. Delete	9350 S DIX	KIE HWY STE 1500		Street Address							
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12. Thereby 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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP