


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000002701**

Entity Name  
**MIDWEST GRAIN IMPORT & EXPORT COMPANY**



FILED  
 07 MAY 18 AM 10:44

Principal Place of Business      Mailing Address

9350 S DIXIE HWY STE 1500      9350 S DIXIE HWY STE 1500  
 MIAMI, FL 33156      MIAMI, FL 33156

FLORIDA STATE  
 ALLIANCE, FLORIDA



**DO NOT WRITE IN THIS SPACE**

03132007    No Chg-P    CR2E034 (11/05)

4. FEI Number 03-0421842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SEGREDO, FRANK J  
 9350 S DIXIE HWY STE 1500  
 MIAMI, FL 33156

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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 reinstating)

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	D CARBONE, SEBASTIANO 848 BRICKELL KEY DR APT 1201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$75/25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400103897614  
 06/05/07--01015--005 \*\*1000.00

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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: Carbone Sebastiano      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR