


2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

FILED

07 MAY 18 AM 10:45

STATE
MIAMI, FLORIDA

DOCUMENT # P06000109890 1. Entity Name MIDWEST GRAIN MANAGEMENT, INC.	
--	---

Principal Place of Business 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156	Mailing Address 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03132007 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For Not Applicable
---------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____

(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	DP CARBONO, SEBASTIANO <input type="checkbox"/> Delete 848 BRICKELL KEY APT 1201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARBONO, ALBERTO <input type="checkbox"/> Delete 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARBONO, JUAN C <input type="checkbox"/> Delete 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARBONO, ANGELICA <input type="checkbox"/> Delete 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; font-family: cursive;">AS/25</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em; font-family: monospace; text-align: center;">300102895233</div> <div style="font-size: 1.2em; font-family: monospace; text-align: center;">06/05/07--01015--005 **1000.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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