2007 FOR PROFIT CORPORATION

FILED Jul 09, 2007 8:00 am

ANNUAL REPORT					Secretary of State			
DOCUMENT # P06000155268 1. Entity Name					07-09-2007 90047 050 ***150.00			
MIDILI FI	NANCIAL, INC.							
Principal Plac	te of Business	Mailing Address		4012	100 ×			
3008 W. NORTH A STREET TAMPA, FL 33609 US		3008 W. NORTH A STREET TAMPA, FL 33609 US		4014				
Principal Place of Business - No P O Box #		3. Mailing Address						
Suite, Apr. #, etc		Suite, Apt. #, etc.		07032007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numb	3091619	j	oplied For of Applicable	
Zip	Country	Zip	Country		of Status Desired	S8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
UNITED STATES CORPORATION AGENTS, INC.				Name				
1111 LINCOLN ROAD SUITE 400			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
	ACH, FL 33139							
			City			FL Zip Cod	e	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office or	registered agent, or bo	th, in the State of Flo	rida. Lam familiar with,	and accept	
SIGNATURE.								
	Signature, typed or printed name of registered ager t	and trie it applicable (NOTE	Registered Agent signatu	re required when reinstating)		DATE		
	LE NOWI!! FEE IS \$150.00 ue by September 14, 2007		9. Election Campaign Financing \$. Trust Fund Contribution. Ac		In accordance w corporation did r	with s. 607.193(2)(b), not receive the prior	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	I /CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE	PRES	☐ Delete	TIFLE			☐ Change	norhbbA 🔲	
NAME STREET ADDRESS	MIDILI, ERIC A 3008 W. NORTH A STREET		NAME STREET ADDRESS					
Caty-SI-ZiP	TAMPA, FL 33609		CITY-ST-ZIP					
TITLE	TRES	☐ Delete	HILE			☐ Change	Aodibon	
NAME STREET ADDRESS	MIDILI, ERIC A 3008 W. NORTH A STREET		NAME : STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP					
UTLE	SECT	☐ Delete	TITLE			☐ Change	Addilion	
NAME STREET ALVURESS	MIDILI, ERIC A 3008 W. NORTH A STREET		NAME. STREET ADDRESS					
City-St-ZiP	TAMPA, FL 33609		CITY- \$1 - ZIP					
THILE	DIR MIDIT FORCE	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	MIDILI, ERIC A 3008 W. NORTH A STREET		NAME STREET ADURESS					
CITY-ST-ZiP	TAMPA, FL 33609		CHY-ST-ZIP					
TITLE		Oelete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-7IP			CITY-ST-ZIP					
TITLE		☐ Oclete	TIFLE			☐ Change	Addition	
NAME	1		NAME					

12. Thereby certify that the information supplied with this filling does not quality 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 of 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.

213 - 862 - 33-84

STREET ADDRESS CITY-ST ZIP

SIGNATURE:

STREET ADDRESS

CITY ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR