


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000076969**  
1. Entity Name  
MIDLIFE REAL ESTATE INC.



Principal Place of Business  
19080 N.E. 29TH AVE.  
NORTH MIAMI BEACH, FL 33180

Mailing Address  
19080 N.E. 29TH AVE.  
NORTH MIAMI BEACH, FL 33180

**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0464291 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
GENET, DAVID G  
19080 NE 29TH AVENUE  
N. MIAMI BEACH, FL 33180

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000668457  
03/27/07-80031-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GENET, DAVID G
STREET ADDRESS	19080 N.W. 29TH AVE.
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **3/14/07**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #