



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000003618	
1. Entity Name MIDATLANTIC AGENCY, INC.	

Principal Place of Business 7700 CONGRESS AVENUE, SUITE 3106 BOCA RATON, FL 33487	Mailing Address 7700 CONGRESS AVENUE, SUITE 3106 BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE

	
02062008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0464521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIZRACHI, SIMON
7700 CONGRESS AVENUE, SUITE 3106
BOCA RATON, FL 33487

**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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000921044
02/19/08-80008-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MIZRACHI, SIMON 7700 CONGRESS AVENUE, SUITE 3106 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIZRACHI, CAROLINE 7700 CONGRESS AVENUE, SUITE 3106 BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/6/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #