

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

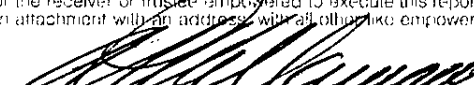
FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # 547466					
1. Entity Name FORD MIDWAY MALL, INC.					
Principal Place of Business 8155 WEST FLAGLER STREET MIAMI FL 33144			Mailing Address 8155 WEST FLAGLER STREET MIAMI FL 33144		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1940000	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VILLAMANAN, MANUEL 8155 WEST FLAGLER STREET MIAMI FL 33144				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				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 changing.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VILLAMANAN, MANUEL		NAME		
STREET ADDRESS	8155 WEST FLAGLER STREET		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		CITY- ST- ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DASCAL, CHARLES		NAME		
STREET ADDRESS	8155 WEST FLAGLER STREET		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E034 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **V.P.** 03/17/08 (301) 246-3000