2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # 683178

1. Entity Name

MIDLAND MARKETING, INC.



FILED Apr 21, 2008 08:00 Al Secretary of State

| | | | | | | September 1 | | | | | |
|---|--|--|--|------------------------------------|------------------------|---|---------------------------|---------------------------------------|--------------------|--------------------|-------------------------------|
| 2727 NORT | ce of Busines H OCEAN B ON FL 3343 | 2727 NO | Mailing Address 2727 NORTH OCEAN BLVD., A112 BOCA RATON FL 33431 | | | | | | | | |
| 2. Principal F | Place of Busic | 3. Mading | 3. Mading Address | | | | 0) B | 58 1 1 811 81811 818 11 | | | |
| Suite, Apt | #. etc | Suite, A | Suite, Apt. #, etc. | | | | 1st MOORE CR2E034 (10/07) | | | | |
| City & State | | | City & S | City & State | | | 4. FEI Number 59-2018183 | | | | Applied For Not Applicable |
| Zıjı | Country Z ₁ p | | | | Country | | | e of Status Desired | | \$8.75 A | |
| | 6. Name | and Address of Cur | ent Registered / | Agent | | | 7. Name an | d Address of New | Registered | Agent | |
| BAICH, JOSEPH M 2727 N OCEAN BLVD BOCA RATON FL | | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | City | | | FL | Zip Co | de |
| | tions of regist | | | | register | ed office or regis | stered agent, or b | otn, in the State of I | | familiar witi | n. and accept |
| | Signature, typed | or correct name) of registered : | igentanditts Fangkai | ole. (NOTE | : Registine | d Agent signature requ | irka when reinstelling) | | DATE | | |
| After | May 1, 200 | II FEE IS \$150.00 8 Fee Will Be \$55 5 Florida Departme | 0.00 | | | | | 9. Election Cam Trust Fund Ca | | | i.00 May Be ded to Fees |
| 10. | | OFFICERS A | ND DIRECTORS | | 11. | | ADDITIONS | /CHANGES TO OF | FFICERS AN | DIRECTO | RS IN 11 |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | PD BAICH, JO 2727 N OC BOCA RAT | EAN BLVD | | ☐ De ete | | | | U0000 05/07/08 | 0912224 -80072- | □ Change 020 15 | |
| TITLE NAME STREFT ADDRESS CITY-ST-719 | 1 | ILA F OCEAN BLVD ON, FL 00000 | | ☐ Derete | | 1 | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Derete | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | | ☐ Derete | | | | , | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Deiete | | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Derete | | Į. | | | | ☐ Change | ☐ Addition |
| indicated of the co | I on this repor rporation or th | e information supplied t or supplemental rep ne receiver or trustee trachment with an ad- | ort is true and acc empowered to ex | curate and that mecute this report | ny signat t as requ | ture shall have th | ne same legal ette | ct as if made unde | r oath; that I | am an office | er or director |