2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F04000001172

1. Entity Name

MIDEASTERN TRANS., INC.

Principal Place of Business	Mailing Address
1259 ATLANTIC BLVD. POMPANO BEACH FL 33069	20 NAMI LANE TRENTON NJ 08619

1st MOORE   CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number	
22-3636748	Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PHWY, STE 300
TAMPA FL 33637

7. Name and Address of New Registered Agent

Name: PAUL GALLAGHER JR

Street Address (P.O. Box Number is Not Acceptable): 1259 W. ATLANTIC BLVD

City: POMPANO BEACH FL Zip Code: 33069

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 _Paul Gallagher_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating) DATE 1/25/06

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

10. OFFICERS AND DIRECTORS

TITLE	CP	☐ Delete
NAME	INVERSO, MICHAEL A	
STREET ADDRESS	1259 ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

(repeated blank ADDITIONS/CHANGES blocks with ☐ Change ☐ Addition)

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: _Michael A Inverso_