## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # F16783 Mar 15, 2007 08:00 AM Secretary of State 1. Entity Name MIDWAY ISUZU, INC. Principal Place of Business Maiting Address 8155 WEST FLAGLER STREET C/O MANUEL VILLAMANAN 8155 WEST FLAGLER STREET C/O MANUEL VILLAMANAN MIAMI FL 33144-2147 MIAMI FL 33144-2147 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite Ant # etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-1940000 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo VILLAMANAN, MANUEL 8155 WEST FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33144 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regist MAR 12 2007 SIGNATURE VIII amananan gent Registered Agent Repstered Apent signature required whom reinstating) HILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. · Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ה IIII Change Addition Dclete TITLE DASCAL, CHARLES NAME NAME 8155 W FLAGLER ST STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 CITY-S1-7IP CHY S1-7IP Change Addition ☐ Delete VILLAMANAN, MANUEL NAME 8155 W FLAGLER ST STREET ADORESS STREET ADDRESS 03/26/07-80012-022 150.00 MIAMI, FL 00000 CHY-SI-ZIP CHY-ST ZIP HHE ☐ Change Addition Delete 1171.5 NAME SERVET ADDRESS STREET AODRESS CHY-ST-7IP CITY - ST- ZIP пш Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST ZIP Delete HHE Change Addition NAME NAME STHEET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP Addition IIILE TUTLE. ☐ Change Delele NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-SI-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or truesce 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 appearing several part of the empowered

SIGNATURE:

MAR 12 2007 (30x) 266-3000

**FILED**