

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39973

Entity Name: MIDWAY INSURANCE, INC.

FILED
Mar 08, 2004
Secretary of State

Current Principal Place of Business:

7884 W FLAGLER STREET
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7884 W FLAGLER STREET
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-2149379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIS, RAFAEL
7884 W. FLAGLER ST.
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NIEVES, ANA
Address: 7884 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: VP () Delete
Name: BERMUDEZ, NANCY
Address: 7884 W. FLAGLER ST.
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA NIEVES

P

03/08/2004

Electronic Signature of Signing Officer or Director

Date