2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# G69622

Entity Name: MIDWAY RETIREMENT RESIDENCE, INC.

Current Principal Place of Business:

93 SW 79TH COURT
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

93 SW 79TH COURT
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-2456450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARZ, ELIAS R PRES
21395 MARINA COVE CIRCLE
L16
AVENTURA, FL 33180 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:	PRES	( ) Delete
Name:	SCHWARZ, ELIAS R	
Address:	21395 MARINA COVE CIRCLE # L16	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	VPSD	( ) Delete
Name:	GROISMAN, SUSANA G	
Address:	21395 MARINA COVE CIRCLE # L 16	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	DIR	(X) Delete
Name:	SCHWARZ, MARIANA S	
Address:	3605 N.E.203TH STREET#4102	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	DIR	(X) Delete
Name:	SCHWARZ, CAROLINA L	
Address:	21395MARINA COVE CIRCLE #L16	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	DIR	(X) Delete
Name:	SCHWARZ, MATIAS A	
Address:	21395MARINA COVE CIRCLE #L16	
City-St-Zip:	AVENTURA, FL 33180 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated in Chapter 119, 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: ELIAS SCHWARZ PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date