

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90001 019 \*\*\*158.75

**DOCUMENT # K68906**

1. Entity Name  
**CENTRO MIDWAY AMNISTIA Y MEDICO INC.**



Principal Place of Business  
**85 GRAND CANAL DRIVE  
#107  
MIAMI, FL 33144**

Mailing Address  
**85 GRAND CANAL DRIVE  
#107  
MIAMI, FL 33144**

**50023182**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07242006 Chg-P CR2E034 (11/05)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**65-0107768**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PADRON, GLADYS  
8315 GRAND CANAL DRIVE  
MIAMI, FL 33144**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PADRON, JOHN G. 85 GRAND CANAL DRIVE MIAMI, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PADRON, INOCENTE G. 85 GRAND CANAL DRIVE MIAMI, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PADRON, GLADYS 85 GRAND CANAL DRIVE MIAMI, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/24/06 (305) 267-0744  
Date Daytime Phone #

ATTACHMENT

50023182  
#K68906

**July 24, 2006**

Department of State  
Division of Corporation.  
P.O.BOX 6327  
Tallahassee, Fl. 32314

**SUBJECT 2,006 ANNUAL REPORT  
CENTRO MIDWAY AMNISTIA Y MEDICO INC  
85 GRAND CANAL DR # 107  
MIAMI, FI 33144**

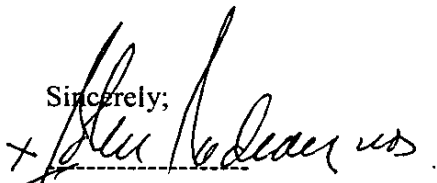
**Document # K68906**

We would like to inform the Department of Corporation that we have not received in time the **ANNUAL REPORT NOTICE** to update our corporation for the years 2,006. The address is the same

We are requesting any waiver of penalties or interests and your deep understanding. Our Accountant question us about it and advise to explain as soon as posible the missing documents 2,006 Annual Report) .

We need your support and understanding. Thanks

Sincerely;

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