

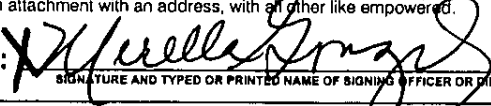


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # M58286						
1. Entity Name MIDNIGHT FOLLIES, INC.						
Principal Place of Business C/O MIRELLA GONZALEZ 626 EAST 51ST STREET HIALEAH, FL 33013	Mailing Address C/O MIRELLA GONZALEZ 626 EAST 51ST STREET HIALEAH, FL 33013	 01312008 No Chg-P CR2E034 (11/05) <table border="1" style="width:100%"><tr><td>4. FEI Number 59-2839669</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2839669	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-2839669	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent GONZALEZ, MIRELLA 626 EAST 51ST STREET HIALEAH, FL 33013		DO NOT WRITE IN THIS SPACE				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, MIRELLA 626 E. 51 ST HIALEAH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, RONALD 626 E. 51 ST HIALEAH, FL					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align:right">U00000833024 02/27/08-80083-013 150.00 DO NOT WRITE IN THIS SPACE 2-15-08 385-0715 <small>Date Daytime Phone #</small></div>				