


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N04000006397 1. Entity Name MIDWEST POETRY REVIEW, INC.	
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Principal Place of Business 7443 OAK TREE LN SPRING HILL, FL 34607	Mailing Address 7443 OAK TREE LN SPRING HILL, FL 34607
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DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0048543	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AUGELLO, AGNES 5350 SPRINGHILL DRIVE SPRING HILL, FL 34606
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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 _____
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGH, PARIKSITH 7443 OAK TREE LN SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCUNZIANO, MARIA 7443 OAK TREE LN SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGELLO, AGNES 7443 OAK TREE LN SPRING HILL, FL 34607
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<p>U00000144197 14/03/04-80121-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  PARIKSITH SINGH (352) 688-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #