2005 FOR PROFIT CORPORATION* **ANNUAL REPORT**

DOCUMENT # P00000011043

1. Entity Name

MIDDLE MAN BROKERS, INC.



FILED Apr 15, 2005 08:00 AM Secretary of State

Principal Place of Business ___

2024 NE 161 ST., #B

MIAMI, FL 33055-3921

SIGNATURE:

NORTH MIAMI BEACH, FL 33162

Mailing Address

PO BOX 600975 N MIAMI BEACH, FL 33160



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4.	FEI Number			7	Applied For
_	65-0983768			Γ	Not Applicable
		 		\$8.7	5 Additional

5. Certificate of Status Desired

03152005

Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent MORAITIS, GEORGE 16919 NW 57TH AVE.

DO NOT WRITE IN THIS SPACE

No Chg-P

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)							
FIL After M							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, MICHAEL 2024 NE 161 ST STE B/C N MIAMI BEACH, FL 33162	CTORS	;· -		U00000308344 04/15/05-80090-021 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· - <u> ·</u>	<u></u> ·			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 eath; that I am an officer or director of the corporation or the receiver of trusted 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 atlest ment with an address, with all other like empowered.							