2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078443

Title:

Name:

Address:

City-St-Zip:

Entity Name: MID PACIFIC CORPORATION

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
16121 BISCAYNE BOULEVARD AVANTI PLAZA NORTH MIAMI, FL 33160			5570 N.W 107 AV. # 915 MIAMI, FL 33178		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
16121 BISCAYNE BOULEVARD AVANTI PLAZA MIAMI, FL 33160			P.O.BOX. 66-7796 MIAMI, FL 33178		
FEI Number:	65-1033551	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
POMPEI, CARLOS 16121 BISCAYNE BOULEVARD AVANTI PLAZA NORTH MIAMI, FL 33160 US			POMPEI, CARLOS 5570 N.W 107 AV. #915 MIAMI, FL 33178 U	5570 N.W 107 AV.	
The above in the State		submits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATURE:				03/28/2008	
	Electron	ic Signature of Registered Age	nt	Date	
Election Carr	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () POMPEI, EMIDI 3820 EAST LAK DAVIE, FL 333	E STATES DR	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () MICHEL, POMP 3115 NW 100 C MIAMI, FL 3317	T .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () POMPEI, CARL 5570 NW 107 A MIAMI, FL 3317	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS POMPEI D 03/28/2008

() Delete

POMPEI, MARITZA

DAVIE, FL 33328

3820 EAST LAKES DR

() Change () Addition