


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000094860  
 1. Entity Name  
 MIDAMA INVESTMENTS CORPORATION



Principal Place of Business      Mailing Address  
 9920 NW 21 STREET      9920 NW 21 STREET  
 MIAMI, FL 33172      MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**



01162008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-1045883      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CASTILLO, ALVARO R  
 1390 BRICKELL AVENUE  
 SUITE 200  
 MIAMI, FL 33131

**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: MARTIN      DATE: 02/13/06  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAZARO, DIONISIO M
STREET ADDRESS	9920 NW 21 STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000436705  
 02/28/06-80013-010 150.00

**DO NOT WRITE IN THIS SPACE**

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: MARTIN      Date: 02/13/06      Daytime Phone #: (305)4710407  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #