

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000002701

Entity Name
MIDWEST GRAIN IMPORT & EXPORT COMPANYPrincipal Place of Business
9350 S DIXIE HWY STE 1500
MIAMI, FL 33156Mailing Address
9350 S DIXIE HWY STE 1500
MIAMI, FL 33156

FILED

07 MAY 18 AM 10:44

FLORIDA STATE
ALLAHAMSSIE, FLORIDA

03132007 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0421842 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEGREGO, FRANK J
9350 S DIXIE HWY STE 1500
MIAMI, FL 33156DO 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS CARBONE, SEBASTIANO
CITY-ST-ZIP 848 BRICKELL KEY DR APT 1201
MIAMI, FL 33131TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP400103897614
06/05/07--01015--005 **1000.00DO 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:

Carbone Sebastiano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #