

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-14-2005 90058 003 ***150.00

DOCUMENT # P04000067865
 1. Entity Name
MIDA REAL ESTATE INVESTMENT CORP.



Principal Place of Business * Mailing Address
419 WEST 49TH STREET SUITE 210 HIALEAH FL 33012 **419 WEST 49TH STREET SUITE 210 HIALEAH FL 33012**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

*City & State City & State

Zip Country Zip Country

4. FEI Number **01-0666592** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent
 Name **DAVID M. SOSTCHIN**
 Street Address (P.O. Box Number is Not Acceptable) **419 W 49TH ST SUITE 210**
 City **HIALEAH FL** Zip Code **33012**

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 **DAVID M. SOSTCHIN** (NOTE: Registered Agent signature required when reinstating) DATE **FEB 11, 05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S. SOSTCHIN, DAVID 419 WEST 49TH STREET SUITE 210 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D M P T SOSTCHIN, ROSA 419 WEST 49TH STREET SUITE 210 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 fees empowered.

SIGNATURE: Date **FEB 11, 05** Daytime Phone #



1st MOORE CR2E034 (10/04)