

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144700

Entity Name: M-3 MIDWAY, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

2276 NORTH CONGRESS AVE
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1717 NORTH BAY SHORE DRIVE UNIT 2946
MIAMI, FL 33132

New Mailing Address:

2276 NORTH CONGRESS AVE
BOYNTON BEACH, FL 33426

FEI Number: 01-0822433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CHARLES L
9900 SW 168 STREET SUITE #9
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: MARTIN, JOSEPH A
Address: 15815 GLACIER COURT
City-St-Zip: NORTH POTOMAC, MD 20875

Title: DVPS () Delete
Name: MARTIN, LAVORIS
Address: 1717 NORTH BAY SHORE DRIVE, UNIT 2946
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LAVORIS MARTIN

DVSP

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date