


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P06000109890		
1. Entity Name MIDWEST GRAIN MANAGEMENT, INC.		

FILED
07 MAY 18 AM 10:45
STATE
MIAMI, FLORIDA

Principal Place of Business 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156	Mailing Address 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03132007 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEGREDO, FRANK J ESQ. 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARBONO, SEBASTIANO <input type="checkbox"/> Delete 848 BRICKELL KEY APT 1201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARBONO, ALBERTO <input type="checkbox"/> Delete 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARBONO, JUAN C <input type="checkbox"/> Delete 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARBONO, ANGELICA <input type="checkbox"/> Delete 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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06/05/07--01015--005 **1000.00

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: <u>Carbone Sebastiano</u>	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		