

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000042123

1. Entity Name
MIDAS REALTY AND FINANCE INC.



Principal Place of Business
**3810 INVERRARY BLVD., SUITE 102-D
LAUDERHILL, FL 33319**

Mailing Address
**3810 INVERRARY BLVD., SUITE 102-D
LAUDERHILL, FL 33319**



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-0756029

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PETTIGREW, DENVER
3810 INVERRARY BLVD., SUITE 102-D
LAUDERHILL, FL 33319**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PETTIGREW, DENVER
STREET ADDRESS	6791 N.W. 21 ST.
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	D
NAME	PETTIGREW, LORNA A
STREET ADDRESS	6791 N.W. 21 ST.
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000331306
04/26/05-E0011-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

D. Pettigrew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05
Date

954-214-6210
Daytime Phone #