

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086508

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** MIDWAY NUTRITION CENTER, INC.

**Current Principal Place of Business:**

6582 N.STATE RD.7  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

8479 WEST COMMERCIAL BLVD  
TAMARAC, FL 33351

**Current Mailing Address:**

6582 N.STATE RD.7  
COCONUT CREEK, FL 33073

**New Mailing Address:**

8479 WEST COMMERCIAL BLVD  
TAMARAC, FL 33351

**FEI Number:** 65-0785920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ACCUPAY SERVICES CORP  
1776 N PINE ISLAND RD  
STE 216  
FORT LAUDERDALE, FL 33322 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: YIBIRIN, BERNARDO  
Address: 8479 WEST COMMERCIAL BLVD  
City-St-Zip: TAMARAC, FL 33351

Title: D  
Name: YIBIRIN, MARIA R  
Address: 8479 WEST COMMERCIAL BLVD  
City-St-Zip: TAMARAC, FL 33351

Title: VP  
Name: YIBIRIN, SERGIO  
Address: 8479 WEST COMMERCIAL BLVD  
City-St-Zip: TAMARAC, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: BERNARDO YIBIRIN

D

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date