
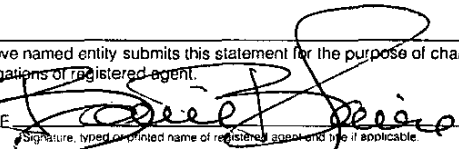
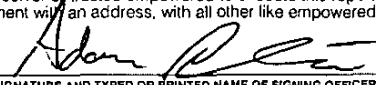


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90489 003 \*\*\*150.00

<b>DOCUMENT # K04877</b>					
1. Entity Name TRANSWAY CORPORATION					
Principal Place of Business 2801 PONCE DE LEON BLVD SUITE 1080 MIAMI, FL 33134			Mailing Address 2801 PONCE DE LEON BLVD SUITE 1080 MIAMI, FL 33134		
2. Principal Place of Business 2655 LeJeune Rd Suite, Apt. #, etc. # 1108		3. Mailing Address 2655 LeJeune Rd Suite, Apt. #, etc. # 1108		04272005 Chg-P CR2E034 (10/03)	
City & State CORAL GABLES FL		City & State CORAL GABLES, FL		4. FEI Number 65-0017614	
Zip 33134		Country US		Applied For Not Applicable	
Zip 33134		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAIRE, BONNIE 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable) 2655 LeJeune Rd	
				SUITE 1108	
				City CORAL GABLES FL	
				Zip Code 33134	
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: 				address change only 4/25/05	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAIRE, BONNIE	NAME			
STREET ADDRESS	2801 PONCE DE LEON BLVD. - SUITE 1080	STREET ADDRESS	2655 LeJeune Rd # 1108		
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAIRE, ADAM	NAME			
STREET ADDRESS	2801 PONCE DE LEON BLVD SUITE 1080	STREET ADDRESS	2655 LeJeune Rd # 1108		
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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 like empowered.					
SIGNATURE: 				4-25-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	