

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 20, 2006
Secretary of State

DOCUMENT# N48399

Entity Name: AMERICAN WAY FOUNDATION, INC**Current Principal Place of Business:**4137 CRAWFORD AVE
COCONUT GROVE, FL 33133 US**New Principal Place of Business:****Current Mailing Address:**4137 CRAWFORD AVE
COCONUT GROVE, FL 33133 US**New Mailing Address:****FEI Number:** 65-0348196**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RIOTTI, JOVAN
4137 CRAWFORD AVE
COCONUT GROVE, FL 33133 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:** PD () Delete
Name: RIOTTI, JOVAN JR
Address: 4137 CRAWFORD AVE
City-St-Zip: COCONUT GROVE, FL 33133 US**Title:** D () Delete
Name: HERRERO, GABRIELA
Address: 4137 CRAWFORD AVE
City-St-Zip: COCONUT GROVE, FL 33133**Title:** VPD () Delete
Name: BRADLEY, JAMES A
Address: 4137 CRAWFORD AVE
City-St-Zip: COCONUT GROVE, FL 33133**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPD (X) Change () Addition
Name: RUBI, JUAN A
Address: 4137 CRAWFORD AVE
City-St-Zip: COCONUT GROVE, FL 33133**Title:** D (X) Change () Addition
Name: HERRERO, GABRIELA
Address: 4137 CRAWFORD AVE
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOVAN RIOTTI JR.

PD

06/20/2006

Electronic Signature of Signing Officer or Director_____
Date