

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136492

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: NEWAY AUTO SOURCE INC.

**Current Principal Place of Business:**

112 SW 5 AVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

20510 MARLIN RD  
MIAMI, FL 33189

**New Mailing Address:**

112 SW 5 AVE  
HOMESTEAD, FL 33030

FEI Number: 20-1834776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, MICHAEL  
20510 MARLIN RD  
MIAMI, FL 33189 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, MICHAEL  
Address: 20510 MARLIN RD  
City-St-Zip: MIAMI, FL 33189

Title: S ( ) Delete  
Name: TRAVIESO, YADELIN  
Address: 20510 MARLIN RD  
City-St-Zip: MIAMI, FL 33189

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YADELIN TRAVIESO

S

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date