2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 14, 2005 08:00 AM **Secretary of State** DOCUMENT # P99000065161 1. Entity Name BYW HOLDINGS, INC. Principal Place of Business Mailing Address 16200 SW 200TH ST 16200 SW 200TH ST MIAMI, FL 33187 MIAMI, FL 33187 07062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE. 4. FEI Number Applied For 65-0943230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ST LOUIS, ROLAND R JR DO NOT WRITE 2333 PONCE DE LEON BLVD **SUITE 710** IN THIS SPACE CORAL GABLES, FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 1S \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME WEBB, BRENDAY 16200 SW 200TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 U00000372748 TITLE 07/14705-80004-013 150.00 WEBB, ASHLEIGH NAME STREET ADDRESS 16940 SW 278 STREET CITY-ST-ZIP HOMESTEAD, FL 33031 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

365-322-9865 Daylima Prone A

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