


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90005 029 ***150.00

DOCUMENT # P01000013995					
1. Entity Name IMPEXWAY, CORP.				Principal Place of Business 8926 NW 6 CT #12 PLANTATION, FL 33324	
2. Principal Place of Business 1304 S.W. 160th Ave. #214				3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State SUNRISE, FLORIDA		City & State City & State		4. FEI Number 65-1075781	
Zip 33326		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDRADE, HORACIO E 12470 NW 15 PLACE BUILDING 11-204 SUNRISE, FL 33323				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ABADI, PATRICIA R 12470 NW 15 PLACE SUNRISE, FL 33323	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Patricia Abadi</u> PATRICIA ABADI			August 3, 2004 (954) 525-6568		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment 54070471
#P01006013995

August 3, 2004

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS:**

Dear Sir or Madam:

**I hereby notify to you that I did not receive the 2004 UNIFORM BUSINESS
REPORT notice. I enclose hereto check for \$150.00 for Uniform Business Report
fee and form due by September 8, 2004.**

Sincerely,

**Patricia Abadi
President**

