

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103120

FILED  
Apr 20, 2010  
Secretary of State

Entity Name: SAW WAY CORP

**Current Principal Place of Business:**

24309 AMBERLEAF CT  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

24309 AMBERLEAF CT  
LEESBURG, FL 34748 US

**New Mailing Address:**

FEI Number: 20-3221357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LARSON, CAROLINE  
8818 COMMODITY CIR  
40  
ORLANDO, FL 32819 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  
Name: SILVA, AL  
Address: 24309 AMBERLEAF CT  
City-St-Zip: LEESBURG, FL 34748 US

Title: V  
Name: SILVA, CIRLEI  
Address: 24309 AMBERLEAF CT  
City-St-Zip: LEESBURG, FL 34748 US

Title: T  
Name: LIMA, ANDRE  
Address: 24309 AMBERLEAF CT  
City-St-Zip: LEESBURG, FL 34748 US

I hereby 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 all other like empowered.

SIGNATURE: AL SILVA

P

04/20/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date