

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000054864

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC3400745493**

**Entity Name:** AW SOLUTIONS, INC

**Current Principal Place of Business:**

300 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

300 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**FEI Number:** 20-4709198

**Certificate of Status Desired:** Yes

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

VARMA, BOBBY A  
610 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750 US

*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

**Officer/Director Detail :**

Title	P
Name	HAYTER, KEITH
Address	501 BLUFF OAK COURT
City-State-Zip:	APOPKA FL 32712
Title	VP
Name	PARTRIDGE, JAMES
Address	897 ROCK CREEK STREET
City-State-Zip:	APOPKA FL 32712
Title	V
Name	DUBAY, JEFFREY
Address	504 YEARLING COVE LOOP
City-State-Zip:	APOPKA FL 32703

Title	VP
Name	VARMA, BOBBY A
Address	2104 BLUE IRIS PLACE
City-State-Zip:	LONGWOOD FL 32779
Title	VP
Name	POULIN, EMMANUEL
Address	1325 W. NEW HAMPSHIRE ST
City-State-Zip:	ORLANDO FL 32804

*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: BOBBY VARMA**

**TREASURER**

**03/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date