

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006888

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: WESTWAY CAPITAL ADVISORS, INC.

**Current Principal Place of Business:**

101 PHILIPPE PARKWAY, SUITE 202  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

101 PHILIPPE PARKWAY, SUITE 202  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 06-1485259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VEAKIS, EMIL  
C/O WESTWAY CAPITAL ADVISORS  
101 PHILIPPE PKWY SUITE 202  
SAFETY HARBOR, FL 34695 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: CP ( ) Delete  
Name: MANTHOS, DIMITRI A  
Address: 153 BLACKWALL COURT  
City-St-Zip: BOCA GRANDE, FL 33921

Title: VCV ( ) Delete  
Name: VEAkis, EMIL DR.  
Address: 923 KINGSCOTE COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DST ( ) Delete  
Name: KLOPFER, PETER M  
Address: 25 SCHOOL LANE  
City-St-Zip: LLOYD HARBOR, NY 11743

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

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

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 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: EMIL VEAkis

VCVP

01/08/2007

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

\_\_\_\_\_  
Date