## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000006888

City-St-Zip:

LLOYD HARBOR, NY 11743

Entity Name: WESTWAY CAPITAL ADVISORS, INC

FILED Jan 03, 2008 Secretary of State

Littly Nan	ie. WESTVVA	RI CAPITAL ADVISORS, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
101 PHILIPPE PARKWAY, SUITE 202 SAFETY HARBOR, FL 34695				101 PHILIPPE PARKWAY SUITE 202 SAFETY HARBOR, FL 34695		
Current Mailing Address:				New Mailing Address:		
101 PHILIPPE PARKWAY, SUITE 202 SAFETY HARBOR, FL 34695				101 PHILIPPE PARKWAY SUITE 202 SAFETY HARBOR, FL 34695		
FEI Number:	06-1485259	FEI Number Applied For ( )	FEI Num	nber Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
VEAKIS, EMIL C/O WESTWAY CAPITAL ADVISORS 101 PHILIPPE PKWY SUITE 202 SAFETY HARBOR, FL 34695 US				VEAKIS, EMIL 923 KINGSCOTE COURT SAFETY HARBOR, FL 34695 US		
The above in the State		submits this statement for the p	urpose of	f changing its registered	d office or registered agent, or both,	
SIGNATURE: EMIL VEAKIS				01/03/2008		
	Electron	ic Signature of Registered Age	nt		Date	
Election Cam	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CP () MANTHOS, DIW 153 BLACKWAI BOCA GRANDE	LL COURT		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VCVP () VEAKIS, EMIL 923 KINGSCOT SAFETY HARBO	E COURT		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	DST () KLOPFER, PET 25 SCHOOL LA			Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: EMIL VEAKIS VP 01/03/2008