

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39380

Entity Name: AWECO CORPORATION

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

101 NORTH RIVERSIDE DRIVE
114 W
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

121 MILANO DRIVE
ISLAMORADA, FL 33036 US

Current Mailing Address:

101 NORTH RIVERSIDE DRIVE
114 W
POMPANO BEACH, FL 33062

New Mailing Address:

121 MILANO DRIVE
ISLAMORADA, FL 33036 US

FEI Number: 59-2123260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARD, STEVEN M
101 N RIVERSIDE DR
SUITE 114W
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

WARD, STEVEN M
121 MILANO DRIVE
ISLAMORADA, FL 33036 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WARD, BARBARA,
Address: 101 NORTH RIVERSIDE DRIVE 114W
City-St-Zip: POMPANO BEACH, FL 33062

Title: PD () Delete
Name: WARD, STEVEN M,
Address: 101 NORTH RIVERSIDE DRIVE 114W
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WARD, BARBARA,
Address: 121 MILANO DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: PD (X) Change () Addition
Name: WARD, STEVEN M,
Address: 121 MILANO DRIVE
City-St-Zip: ISLAMORADA, FL 33036

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.

SIGNATURE: BARBARA L WARD

TD

04/28/2008

Electronic Signature of Signing Officer or Director

Date