2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 08:00 A Secretary of State DOCUMENT # G57023 1. Entity Name WESTWAY INTERNATIONAL, INC. Principal Place of Business Mailing Address 1400 S.W. 27TH AVENUE, STE 102 1400 S.W. 27TH AVENUE, STE 102 MIAMI, FL 33145 MIAMI, FL 33145 CR2E034 (11/05) 01042007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2600327 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOMEZ, RAMON DO NOT WRITE 1400 S.W. 27TH AVENUE, STE 102 MIAMI, FL 33145 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE EROSA, MARGARITA NAME STREET ADDRESS **COLONIA MEXICO #10** CITY-ST-ZIP MERIDA-YUCANTAN MEXICO, U00000737443 TITLE **VPS** 05/11/07-80028-009 150.00 GOMES, RAMON NAME STREET ADDRESS 1400 S.W. 27TH AVENUE, STE 102 CITY-ST-ZIP MIAMI, FL 33145 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or experience and accurate and that my 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacfungation with an address, with all other like parlowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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