2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054094

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8535 NORTHWEST 29TH STREET

GARCIA, HILDA YAMILET

MIAMI, FL 33122

Title:

Name:

Address:

City-St-Zip:

VΡ

Entity Name: UNIWAY LLC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8535 NORTHWEST 29TH STREET MIAMI, FL 33122 **Current Mailing Address: New Mailing Address:** 8400 NW 36 STREET 7925 NW 12 STREET 130 MIAMI, FL 33126 DORAL, FL 33166 FEI Number: 20-3131719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ LOPEZ & SIMON LLP SIMON, MICHAEL 7925 NW 12 STREET 8400 NW 36 STREET 130 MIAMI, FL 33126 US DORAL, FL 33166 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: MICHAEL SIMON 05/01/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete KIAMI, KARIM Name: Name: Address: 8535 NORTHWEST 29TH STREET Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: Title: Title: () Delete () Change () Addition KIAMI, ANTONIO Name: Name: Address: 8535 NORTHWEST 29TH STREET Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: Title: () Delete Title: () Change () Addition GIMENEZ, ALIX Name: Name: 8535 NORTHWEST 29TH STREET Address: Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: KARIM KIAMI MGR 05/01/2009