

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90059 016 ***150.00

DOCUMENT # L33768 1. Entity Name ROB-WAY INC.			
Principal Place of Business 3701 JACKSON ST, APT 108 HOLLYWOOD, FL 33021 US		Mailing Address 3701 JACKSON ST, APT 108 HOLLYWOOD, FL 33021 US	
2. Principal Place of Business 3600 VAN BUREN STREET		3. Mailing Address 3600 VAN BUREN STREET	
Suite, Apt. #, etc. 110		Suite, Apt. #, etc. 110	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33021		Zip 33021	
Country BROWARD		Country BROWARD	
4. FEI Number 65-0160137		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLSKI, STEVEN K 3701 JACKSON ST, APT 108 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3600 VAN BUREN STREET APT 110 City HOLLYWOOD FL Zip Code 33021	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs WOLSKI, STEVEN K 3701 JACKSON ST, APT 108 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 3600 VAN BUREN STREET, APT 110 HOLLYWOOD, FL. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM WOLSKI, STEVEN K 3701 JACKSON ST, APT 108 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 3600 VAN BUREN STREET APT 110 HOLLYWOOD, FL. 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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03282005 Chg-P CR2E034 (10/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 trustee 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN WOLSKI

3-28-05