2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # M22297 1. Entity Name 04-18-2007 90164 025 ***150.00 GOODWAY COFFEE SHOP INC. Principal Place of Business Mailing Address 10932 N.W. 7TH AVE. 10932 N.W. 7TH AVE. MIAMI, FL 33168 MIAMI, FL 33168 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-2605936 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 867 N. W. 109ST MIAMI, FL 33168 City Zip Code 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GARCIA, ENRIQUE 867 N.W. 109 ST STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33168 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 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.

NRIQUE JARCIA 4/14/07

FILED