

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # N02000002348

1. Entity Name
INFINITE WAY, INC.



Principal Place of Business
1957 NW 193RD AVE
PEMBROKE PINES, FL 33029

Mailing Address
1957 NW 193RD AVE
PEMBROKE PINES, FL 33029



07022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0874513

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BROUARD, MARIE B
1957 NW 193RD AVE
PEMBROKE PINES, FL 33029

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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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DO
NAME	BROUARD, MARIE B
STREET ADDRESS	1957 NW 193RD AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	D
NAME	ELIAS, SYBIL
STREET ADDRESS	83 COSSIO DRIVE
CITY-ST-ZIP	NEWARK, NJ 07103
TITLE	D
NAME	ISSA, MICHELE
STREET ADDRESS	2656 NW 41ST STREET
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000167372
07/20/04-80001-020 70.00

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Marie B. Brouard, President

7/17/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #