

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48399

Entity Name: AMERICAN WAY FOUNDATION, INC

FILED
Mar 14, 2004
Secretary of State

Current Principal Place of Business:

8360 DUNDEE TERRACE
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

8360 DUNDEE TERRACE
MIAMI LAKES, FL 33016 US

New Mailing Address:

FEI Number: 65-0348196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIOTTI, JOVAN JR.
8360 DUNDEE TERRACE
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

FIEDEL, MARK D
19 WEAT FLAGLER STREET
SUITE 1212
MIAMI, FL 33130 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: MARK FIEDEL, P.A.

03/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIOTTI, JOVAN JR.
Address: 8360 DUNDEE TERRAACE
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: VPD () Delete
Name: HERRERO, GABRIELA
Address: 8360 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: RIOTTI, ELVIRA
Address: 8360 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIOTTI, JOVAN JR.
Address: 8360 DUNDEE TERRAACE
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRADLEY, JAMES A
Address: 8360 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOVAN RIOTTI JR

PD

03/14/2004

Electronic Signature of Signing Officer or Director

Date