## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48399

FILED Apr 28, 2005 Secretary of State

Entity Name: AMERICAN WAY FOUNDATION, INC

Current Principal Place of Business:

8360 DUNDEE TERRACE 4137 CRAWFORD AVE

MIAMI LAKES, FL 33016 US COCONUT GROVE, FL 33133 US

Current Mailing Address: New Mailing Address:

8360 DUNDEE TERRACE 4137 CRAWFORD AVE

MIAMI LAKES, FL 33016 US COCONUT GROVE, FL 33133 US

FEI Number: 65-0348196 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIEDEL, MARK D RIOTTI, JOVAN 19 WEAT FLAGLER STREET 4137 CRAWFORD AVE

SUITE 1212 COCONUT GROVE, FL 33133 US 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: JOVAN RIOTTI 04/28/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: RIOTTI, JOVAN JR Name: RIOTTI, JOVAN JR
Address: 8360 DUNDEE TERRAACE Address: 4137 CRAWFORD AVE

City-St-Zip: MIAMI LAKES, FL 33016 US City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: HERRERO, GABRIELA Name: HERRERO, GABRIELA

Name: HERRERO, GABRIELA Name: HERRERO, GABRIELA
Address: 8360 DUNDEE TERRACE Address: 4137 CRAWFORD AVE
City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: COCONUT GROVE, FL 33133

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

Name:BRADLEY, JAMES AName:BRADLEY, JAMES AAddress:8360 DUNDEE TERRACEAddress:4137 CRAWFORD AVECity-St-Zip:MIAMI LAKES, FL 33016City-St-Zip:COCONUT GROVE, FL 33133

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 PD 04/28/2005