

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48399

FILED
Mar 15, 2007
Secretary of State

Entity Name: AMERICAN WAY FOUNDATION, INC

Current Principal Place of Business:

4137 CRAWFORD AVE
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

3848 SHIPPING AVENUE
MIAMI, FL 33146 US

Current Mailing Address:

4137 CRAWFORD AVE
COCONUT GROVE, FL 33133 US

New Mailing Address:

3848 SHIPPING AVENUE
MIAMI, FL 33146 US

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
4137 CRAWFORD AVE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

RIOTTI, JOVAN
3848 SHIPPING AVENUE
MIAMI, FL 33146 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

03/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIOTTI, JOVAN JR
Address: 4137 CRAWFORD AVE
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VPD () Delete
Name: RUBI, JUAN A
Address: 4137 CRAWFORD AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: HERRERO, GABRIELA
Address: 4137 CRAWFORD AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIOTTI, JOVAN JR
Address: 3848 SHIPPING AVENUE
City-St-Zip: MIAMI, FL 33146 US

Title: VPD (X) Change () Addition
Name: DIEZ, MARCO
Address: 3848 SHIPPING AVENUE
City-St-Zip: MIAMI, FL 33146 US

Title: D (X) Change () Addition
Name: HARPER, BRUCE
Address: 3848 SHIPPING AVENUE
City-St-Zip: MIAMI, FL 33146 US

Title: D () Change (X) Addition
Name: HERRERO, GABRIELA
Address: 3848 SHIPPING AVENUE
City-St-Zip: MIAMI, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

03/15/2007

Electronic Signature of Signing Officer or Director

Date