
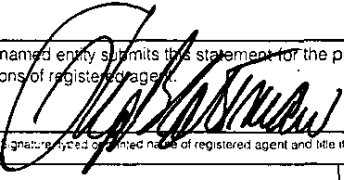
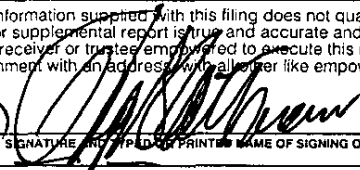


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90020 046 ***150.00

DOCUMENT # P00000017919					
1. Entity Name A-WAY, INC.					
Principal Place of Business 14341 MIRAMAR PARKWAY MIRAMAR, FL 33027			Mailing Address 9655 W. BROWARD BLVD PLANTATION, FL 33324		
2. Principal Place of Business		3. Mailing Address 400 N Pine Island Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 300			
City & State		City & State Plantation, Fl		4. FEI Number 65-0992241	
Zip		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLATTMAN, STEPHEN 500 CYPRESS PT DR W PEMBROOK PINES, FL 33027				7. Name and Address of New Registered Agent Name STEPHEN BLATTMAN Street Address (P.O. Box Number is Not Acceptable) 1502 N.W. 139th AVE City PEMBROKE PINES FL Zip Code 33028	
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:  DATE: 4/5/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BLATTMAN, STEPHEN 500 CYPRESS POINT DR W PEMBROOK PINES, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLATTMAN, STEPHEN 1502 N.W. 139th AVE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLATTMAN, MARLENY 500 CYPRESS POINT DR W PEMBROOK PINES, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLATTMAN, STEPHEN 1502 N.W. 139th AVE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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.					
SIGNATURE: 			Date: 4/5/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

94046955



03022004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

STEPHEN BLATTMAN

Street Address (P.O. Box Number is Not Acceptable)

1502 N.W. 139th AVE

City

PEMBROKE PINES

FL

Zip Code
33028

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SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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STREET ADDRESS
CITY-ST-ZIP

PSD
BLATTMAN, STEPHEN
500 CYPRESS POINT DR W
PEMBROOK PINES, FL 33027

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BLATTMAN, MARLENY
500 CYPRESS POINT DR W
PEMBROOK PINES, FL 33027

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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BLATTMAN, STEPHEN
1502 N.W. 139th AVE
PEMBROKE PINES, FL 33028

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BLATTMAN, STEPHEN
1502 N.W. 139th AVE
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☒ Change ☐ Addition

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SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/04