2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
05-02-2005 90991 026 ***150.00

DOCUMENT # P00000055228

1. Entity Name
RIGHT AWAY GROUP CORP.

Principal Place of Business	Mailing Address
2900 GLADES CIRCLE A250 SUITE B-20 WESTON, FL 33327	2900 GLADES CIRCLE A250 SUITE WESTON, FL 33327

660201190

04222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2950 Glades Circle	2950 Glades Circle
Suite, Apt. #, etc. B20	Suite, Apt. #, etc. B20
City & State Weston FL	City & State Weston FL
Zip 33327 Country USA	Zip 33327 Country USA

4. FEI Number 65-1020334 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

J. C. ACCOUNTING
2900 GLADES CIRCLE SUITE 250
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name J. C. Accounting
Street Address (P.O. Box Number is Not Acceptable) 2900 Glades Circle Suite 525
City Weston FL Zip Code 33327

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 Tatiana Hernandez 04/30/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, TATIANA		NAME	
STREET ADDRESS	2900 GLADES CIRCLE SUITE A250		STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP	
TITLE	VSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, TATIANA		NAME	
STREET ADDRESS	2900 GLADES CIRCLE SUITE A250		STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Tatiana Hernandez 04/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #