


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2004 8:00 am**  
**Secretary of State**

01-07-2004 90027 025 \*\*\*150.00

**DOCUMENT # P0000084301**

1. Entity Name  
**FAIRWAY FUNDING GROUP, INC.**



Principal Place of Business      Mailing Address

10191 W SAMPLE ROAD      10191 W SAMPLE ROAD  
 #218      #218  
 CORAL SPRINGS, FL 33065      CORAL SPRINGS, FL 33065

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01062004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1038507      Not Applicable

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



6. Name and Address of Current Registered Agent

SINGER, JESSE T  
 2699 S BAYSHORE DRIVE  
 MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name **MARK J. PASCARELLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1031 NW 123RD DRIVE**  
 City **Coral Springs**      FL      Zip Code **33071**

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 *[Signature]* **MARK J. PASCARELLA**      DATE **1/6/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	PASCARELLA, MARK J	
STREET ADDRESS	1031 NW 123RD DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **Mark J. Pascarella - President**      Date **1/6/04**      Daytime Phone # **954-776-6776**

Signature and typed or printed name of signing officer or director