2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State
04-18-2005 90563 024 ***150.00

DOCUMENT # P01000034665

1. Entity Name
KLEENWAY, INC.

Principal Place of Business	Mailing Address
18777 SW 293RD TERR HOMESTEAD, FL 33030	18777 SW 293RD TERR HOMESTEAD, FL 33030

03192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12841 SW 146 Lane	12841 SW 146 Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number: 65-1107954 ☐ 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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD JACOBOWITZ, MARC 10691 KENDALL DRIVE SUITE 311 MIAMI, FL 33176	☐ Delete	PSD Jacobowitz, Marc 12841 SW 146 Lane Miami, FL 33186	☑ Change ☐ Addition address only
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD JACOBOWITZ, MAIRA 10691 KENDALL DRIVE SUITE 311 MIAMI, FL 33176	☐ Delete	VTD Jacobowitz, Maira 12841 SW 146 Lane Miami, FL 33186	☑ Change ☐ Addition address only
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: V.T.D. 4/28/05 (786) 269-8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #