2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90353 020 ***150.00

DOCUMENT # P01000053663

1. Entity Name
NUWAY, INC.

Principal Place of Business	Mailing Address
16300 NE 19TH AVE SUITE 225 STE 252 NORTH MIAMI BEACH, FL 33162	16300 NE 19TH AVE SUITE 225 STE 252 NORTH MIAMI BEACH, FL 33162

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
16300 NE 19TH AVE		16300 NE 19TH AVE	
Suite, Apt. #, etc. STE 252		Suite, Apt. #, etc. SUITE 252	
City & State NORTH MIAMI BEACH FL		City & State North Miami Beach FL	
Zip 33162	Country USA	Zip 33162	Country USA

4. FEI Number 65-1111835 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPOVALOV & BORETH, P.A.
16300 NE 19TH AVE SUITE 250
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

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
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, 2004 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	D OROZALICVA, GULMIRA 16300 NE 19TH AVE SUITE 225 NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gulmira Orozalieva 16300 NE 19TH AVE SUITE 252 NORTH MIAMI BEACH FL 33162	☑ Change ☐ 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: [signature] Gulmira Orozalieva 4/22/04 3059499616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #