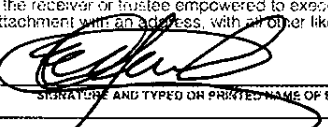


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 16300 NE 19TH AVE SUITE 225 STE 252 NORTH MIAMI BEACH, FL 33162			Mailing Address 16300 NE 19TH AVE SUITE 225 STE 252 NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business 16300 NE 19TH AVE Suite, Apt. #, etc. STE 252		3. Mailing Address 16300 NE 19TH AVE Suite, Apt. #, etc. SUITE 252			
City & State NORTH MIAMI BEACH, FL		City & State NORTH MIAMI BEACH FL		4. FEI Number 65-1111835	
Zip 33162		Country USA		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 State 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 registering)					
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	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Gulmira Orozalieva 16300 NE 19TH AVE SUITE 252 NORTH MIAMI BEACH FL 33162	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	☐ 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: 			Gulmira Orozalieva 4/22/04 3059499616		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		