


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000100942**  
1. Entity Name  
**BAWAY, CORP**



Principal Place of Business      Mailing Address  
5151 COLLINS AVENUE, APT. 1028      5151 COLLINS AVENUE, APT. 1028  
MIAMI BEACH, FL 33140      MIAMI BEACH, FL 33140

**DO NOT WRITE IN THIS SPACE**



04182004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1152763**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
DE LA TORRIENTE, COSME J ESQ.  
155 SOUTHWEST 25TH ROAD  
MIAMI, FL 33129

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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, 2004 Fee will be \$550.00**

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

U00000130847  
04/26/04-80126-008 150.00

**10. OFFICERS AND DIRECTORS.**

TITLE	PD
NAME	DIEGO, DEVOTO
STREET ADDRESS	5151 COLLINS AVENUE, APT. 1020
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	MANUS, HECTOR R
STREET ADDRESS	5151 COLLINS AVENUE, APT. 1020
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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: *By Diego Devoto / Hector Manus*      Date: *4/22/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR