

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000104061

FILED
May 19, 2009
Secretary of State**Entity Name:** ALLWAY INSURANCE SERVICES, INC.**Current Principal Place of Business:**9909 N FLORIDA AVE
TAMPA, FL 33612**New Principal Place of Business:****Current Mailing Address:**9909 N FLORIDA AVE
TAMPA, FL 33612**New Mailing Address:****FEI Number:** 59-3755443**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RODRIGUEZ, IVETTE A
9909 NORTH FLORIDA AVE
TAMPA, FL 33612 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: PO () Delete
Name: RODRIGUEZ, IVETTE A
Address: 9909 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33612

Title: VP () Delete
Name: RODRIGUEZ, IVETTE A
Address: 9909 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change () Addition
Name: PEREYRA, ILCA L
Address: 9909 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33612

Title: VP (X) Change () Addition
Name: PEREZ, ERIKA M
Address: 9909 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILCA L PEREYRA

PO

05/19/2009

Electronic Signature of Signing Officer or Director_____
Date