2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

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1. Entity Nam	MENT # P010001189 GHWAY PROPERTIES, INC.	Secretary of State					
8010 N UNIV	ve of Business	Mailing Address 8010 N UNIVERSITY DRIVE 2ND FLOOR FT LAUDERDALE, FL 33321					
DO NOT WRITE IN THIS SPA			CE	04182005 No Chg-P CR2E034 (10/03) 4. FEI Number			
	6. Name and Address of Current Re	gistered Agent		·			
ROBERT D. LETTMAN P.A. 8010 N. UNIVERSITY DRIVE 2ND FLOOR FT. LAUDERDALE, <u>F</u> L 33321			DO NOT WRITE IN THIS SPACE				
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 obligat	tions of registered agent.			•			
SIGNATURE.	Signature, typed or printed name of registered agent and	ed Agent signature required	when reinstating)		DATE	 ,	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DI	ŘECTORS			· · · · · · · · · · · · · · · · · · ·	* -	
NAME STREET ADDRESS CITY-ST-ZIP	P LEE, TIFFANY 8010 N UNIVERSITY DR 2FL TAMARAC, FL 33321	· .					
TITLE NAME STREET ADDRESS	17,000,12,00021					0317818 -80033-02	20 150.00
CITY-ST-ZIP					_		
TITLE NAME							
STREET ADDRESS				DC	NOT W	DITE	
CITY-SY-ZIP			DO NOT WRITE				
TITLE				IN '	THIS SF	PACE	
NAME STREET ADDRESS				****			
CITY-ST-ZIP			ļ				
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NAME expect approach							

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 supplied for the exemption stated on this report or supplied for the exemption of the corporation or the receiver or druster 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:

CITY-SY-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SY-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

95420015