

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021491

Entity Name: EWAYS AUTOMATION, INC.

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

2355 NW 97 AVE  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2355 NW 97 AVE  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 41-2087960      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAW OFFICES OF JOHN M. RODRIGUEZ  
7600 W 20 AVE STE 220  
HIALEAH, FL 33016      US

**Name and Address of New Registered Agent:**

GARCIA, ORESTES  
2355 NW 97 AVE  
DORAL, FL 33172      US

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: ORESTES GARCIA      04/23/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GARCIA, ORESTES  
Address: 2355 NW 97 AVE  
City-St-Zip: DORAL, FL 33172

Title: D      ( ) Delete  
Name: MAVILLA, DAVID J  
Address: 2355 NW 97 AVE  
City-St-Zip: DORAL, FL 33172

Title: D      ( ) Delete  
Name: ALEMAN, JUAN P  
Address: 2355 NW 97 AVE  
City-St-Zip: DORAL, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARCIA, ORESTES      P      04/23/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date