

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90572 041 ***150.00

DOCUMENT # P02000052197

1. Entity Name
BIOWAY, INC.



Principal Place of Business
1104 MT VERNON ST
ORLANDO, FL 32803

Mailing Address
1104 MT VERNON ST
ORLANDO, FL 32803

24055560

2. Principal Place of Business
702 E CHURCH ST

Suite, Apt. #, etc.
APT 1

City & State
ORLANDO FL

Zip
32801

Country

3. Mailing Address
P O BOX 343

Suite, Apt. #, etc.

City & State
NEW SMYRNA BEACH FL

Zip
32170-0343

Country

03032004

Chg-P

CR2E034 (10/03)

4. FEI Number
01-0693885

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORTH, JENNIFER
1104 MT VERNON ST
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
702 E CHURCH STREET APT 1

City
ORLANDO

FL

Zip Code
32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE D ☐ Delete
NAME NORTH, JENNIFER
STREET ADDRESS 1104 MT VERNON ST
CITY-ST-ZIP ORLANDO, FL 32803

TITLE D ☐ Delete
NAME KNOX, JASON
STREET ADDRESS 1010 BRISTAL LAKE RD #107
CITY-ST-ZIP MT DORA, FL 32757

TITLE D ☐ Delete
NAME ZAYAS, MARK C
STREET ADDRESS 264 SHEPPARD ST
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 702 E CHURCH STREET APT 1
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-13-04 386-383-5270