


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90076 023 ***150.00

DOCUMENT # P02000062487					
1. Entity Name MARKETWAYS CONSULTING INC.					
Principal Place of Business 20533 BISCAYNE BLVD. #1306 AVENTURA, FL 33180			Mailing Address 20533 BISCAYNE BLVD. #1306 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address POBOX 801502			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Aventura Florida 33280			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		33280	USA		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JUNE, BRADLEY 1000 BRICKELL AVENUE #1040 MAIMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARNETTE, CECIL	NAME			
STREET ADDRESS	20533 BISCAYNE BLVD. #1306	STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u><i>Cecil Arnette</i></u> CECIL ARNETTE			Date: <u>4/6/04</u> Daytime Phone #: <u>305-373-3933</u>		

44025478



04062004 Chg-P CR2E034 (10/03)

4. FEI Number **75-3063419** Applied For ☐ Not Applicable ☐