

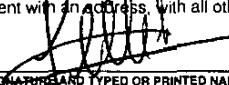


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90002 045 ***158.75

DOCUMENT # P02000062487 1. Entity Name MARKETWAYS CONSULTING INC.					
Principal Place of Business 20533 BISCAYNE BLVD. #1306 AVENTURA, FL 33180			Mailing Address PO BOX 801502 AVENTURA, FL 33180		
2. Principal Place of Business 1835 E. Hallandale Bch Blvd. Suite, Apt. #, etc. 261		3. Mailing Address 1835 E. Hallandale Bch Blvd. Suite, Apt. #, etc. 261			
City & State Hallandale Beach Florida		City & State Hallandale Beach Florida		4. FEI Number 75-3063419	
Zip 33009		Country Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUNE, BRADLEY 1000 BRICKELL AVENUE #1040 MAIMI, FL 33131				7. Name and Address of New Registered Agent 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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNETTE, CECIL 20533 BISCAYNE BLVD. #1306 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BERNAL, JUAN FERNANDO 1835 E. Hallandale Bch Blvd. #261 Hallandale Beach, Florida 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			JUAN F. BERNAL (M)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 8/8/05 Daytime Phone # 305 968 0994		

ATTACHMENT

8/8/05

Florida Department of State
Division of Corporations
Tallahassee, Florida

50060952
P02000062487

RE; Marketways Consulting Inc.

Dear Sir/madam:

We never received the annual report forms for the renewal. We downloaded the form ^{VIA} ~~via~~ internet and it states it allows our filing with the regular fee of \$150.00.

Please process our request.

Thank you very much.

J. Bernal
Managing Director