
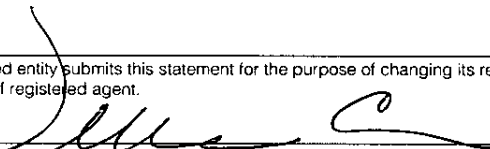
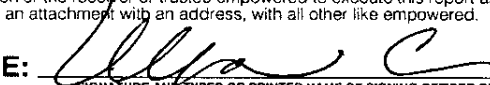


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90034 024 ***150.00

DOCUMENT # P02000067344 1. Entity Name A.W. FUNDING & INVESTMENTS CORPORATION					
Principal Place of Business 12930 S.W. 49 CT. MIRAMAR, FL 33027			Mailing Address 12930 S.W. 49 CT. MIRAMAR, FL 33027		
2. Principal Place of Business 6870 NW 173 DR. #704		3. Mailing Address 6870 NW 173 DR. #704			
Suite, Apt. #, etc. #704		Suite, Apt. #, etc. #704			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 75-3107560	
Zip 33015		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLON, WILMA 12930 S.W. 49 CT. MIRAMAR, FL 33027				7. Name and Address of New Registered Agent Name WILMA L. COLON Street Address (P.O. Box Number is Not Acceptable) 6870 NW 173 DR. #704 City MIAMI FL Zip Code 33015	
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  _____ <small>Signature, based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS COLON, WILMA 12930 S.W. 49 CT. MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS COLON, L. WILMA 6870 NW 173 DR. # 704 MIAMI, FL 33015	<input checked="" 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date			Daytime Phone #		