2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000067344

1. Entity Name

A.W. FUNDING & INVESTMENTS CORPORATION



FILED Apr 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6870 NW 173 DR

6870 NW 173 DR # 704

704 MIAMI, FL 33015

MIAMI, FL 33015



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 03252008 No Chg-P

4. FEI Number 75-3107560 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLON, WILMA 6870 NW 173 DR # 704 MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

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.	

10.

TITLE

NAME

NAME

TITLE NAME

NAME STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

COLON, WILMA

DPVS

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

STREET ADDRESS 6870 NW 173 DR #704 CITY-ST-ZIP MIAMI, FL 33015 TITLE COLON, WILMA NAME STREET ADDRESS 6870 NW 173 DR # 704 CITY-ST-ZIP MIAMI, FL 33015 TITLE

OFFICERS AND DIRECTORS

U000000876868 04/11/08-80092-001 150.00

IN THIS SPACE

STREET ADDRESS DO NOT WRITE STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR