

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90288 006 \*\*\*150.00

<b>DOCUMENT # P02000084250</b> 1. Entity Name <b>AMERICA WAY, CORP.</b>					
Principal Place of Business <b>260 CRANDON BLVD SUITE 32 PMB 267 KEY BISCAVNE, FL 33149</b>				Mailing Address <b>PO BOX 226215 MIAMI, FL 33122</b>	
2. Principal Place of Business <b>260 CRANDON BLVD</b> <small>Suite, Apt. #, etc.</small> <b>SUITE 32 PMB 185</b>		3. Mailing Address <b>260 CRANDON BLVD</b> <small>Suite, Apt. #, etc.</small> <b>SUITE 32 PMB 185</b>			
<small>City &amp; State</small> <b>KEY BISCAVNE-FLA</b>		<small>City &amp; State</small> <b>KEY BISCAVNE</b>		4. FEI Number <b>30-0099620</b>	
<small>Zip</small> <b>3349</b>		<small>Country</small> <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HESSE, RODERLEI 260 CRANDON BLVD STE 32-267 KEY BISCAVNE, FL 33149</b>				7. Name and Address of New Registered Agent <small>Name</small> <b>HESSE, RODERLEI</b> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>260 CRANDON BLVD SUITE 32 PMB 185</b> <small>City</small> <b>KEY BISCAVNE</b> <b>FL</b> <small>Zip Code</small> <b>3349</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>PD</b> <b>HESSE, RODERLEI</b> <b>260 CRANDON BLVD STE 32-267</b> <b>KEY BISCAVNE, FL 33149</b>	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>VD</b> <b>BARBOSA, JOSE L</b> <b>260 CRANDON BLVD STE 32-267</b> <b>KEY BISCAVNE, FL 33149</b>	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____			<b>4-21-05</b> <b>786-2867575</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <small>Daytime Phone #</small>		