## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 07, 2008 8:00 am Secretary of State **DOCUMENT #P03000006075** 04-07-2008 90051 017 \*\*\*150.00 NEW WAY GROUP CORPORATION Principal Place of Business Mailing Address 2232 ALSACE TERR -<del>2232 ALSACE TERR-</del> SAINT PETERSBURG, FL 33714 SAINT PETERSBURG, FL 33714-2. Principal Place of Business - No P.O. Box # 3. Mailing Address 624 5 ve. 624 51 St Ave Suite. Apt. #, etc. 03282008 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 16-1649028 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name KWAK, KWANG C 2232 ALSACE TERRACE Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG, FL 33714 City Zip Code FL 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 Signature, typed or printed reme of registered agent and title if applicable. (NOTE: Registered Agent aignsture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FER IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME KWAK, KWANG C NAME 624 51St Ave .N. STREET ADDRESS 2232 ALSACE TERR\_#26 STREET ADDRESS 32703 CITY-ST-ZIP SAINT PETERSBURG, FL 99714-CITY-ST-ZIP ☐ Addition TITLE Detete TITLE ☐ Change NAME MALE STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-SI-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-7/P ☐ Detete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete Change ☐ Addition TITLE 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 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 of the corporation or the receiver or trustee empor changed, or on an attachment with an address

**FILED**