

2004 FOR PROFIT CORPORATION ANNUAL REPORT

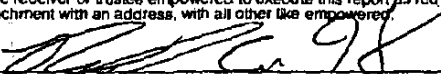
FILED
Jul 26, 2004 8:00 am
Secretary of State

07-12-2004 90016 007 ***150.00

71

66430582



DOCUMENT # P03000061960					
1. Entity Name RICHWAY TECHNOLOGIES, INC.					
Principal Place of Business 15476 NW 77 CT. PMB #229 MIAMI LAKES, FL 33016			Mailing Address 15476 NW 77 CT. PMB #229 MIAMI LAKES, FL 33016		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0786309	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, RICHARD A 15476 NW 77 CT. PMB #229 MIAMI LAKES, FL 33016				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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERNANDEZ, RICHARD A		NAME		
STREET ADDRESS	15476 NW 77 CT., PMB #229		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CHAPMAN, JERRY		NAME		
STREET ADDRESS	15476 NW 77 CT., PMB #229		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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 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: 			Date: 7/1/04 Daytime Phone #: 305-968-4589		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					