2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000089097

Entity Name
ATERWAY REAL ESTATE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
. BOX 810664 CA RATON, FL 33481	P.O. BOX 810664 BOCA RATON, FL 33481

01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4538754
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RNSTEIN, STEVEN E
0 BROKEN SOUND PARKWAY, NW
CA RATON, FL 33487

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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.

NATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000396550
01/30/06-80014-006 150.00

OFFICERS AND DIRECTORS

	PS BERNSTEIN, STEVEN E
ADDRESS	P.O. BOX 810664
ZIP	BOCA RATON, FL 33481
	VT BERNSTEIN, DORIS
ADDRESS	P.O. BOX 810664
ZIP	BOCA RATON, FL 33481
ADDRESS	
ZIP	
ADDRESS	
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ADDRESS	
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ADDRESS	
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DO NOT WRITE IN THIS SPACE

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.

GNATURE: _____ 1/18/06 (561) 3506774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #