2004 FOR PROFIT CORPORATION FILED AMENDED ANNUAL REPORT DOCUMENT # P03000104269 04 SEP 24 AM 9: 17 1. Entity Name NEW WAY COMPUTER INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 15040 SW 103 LN B-3 #3206 15040 SW 103 LN B-3 #3206 MIAMI, FL 33196 MIAMI, FL 33196 -2. Principal Place of Business 3. Mailing Address JYO TER 13721 SW 13721 SW 280 TER Suite, Apt. #, etc. Suite, Apt. #, etc. 09142004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Homestead 54-2126997 Not Applicable Homestead Country \$8.75 Additional 5. Certificate of Status Desired 33033 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent glesias, Jose ÎĞLESIAS, JOSE L Street Address (P.O. Box Number is Not Acceptable) 15040 SW 103 LN B-3 #3206 MIAMI, FL 33196 2XO TER 13721 SW Homestead 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 Signalure, typed or printed page of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PD PD Change ■ Addition ☐ Delete TITLE TITLE Iglesias, Jose L IGLESIAS, JOSE L NAME NAME 13721 JW 280 TER STREET ADDRESS 15040 SW 103 LN B-3 #3206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33196 Homestcad, FL 33033 **Change** ☐ Addition ☐ Defete TITLE TITLE Igiesias, Yesenta IGLESIAS, YESENIA NAME NAME 13721 SW 280 TER STREET ADDRESS STREET ADDRESS 15040 SW 103 LN B-3 #3206 MIAMI, FL 33196 CITY-ST-7IP CITY - ST - ZIP Humestead FL 33033 ☐ Change Addition Delete THILE TITLE 2000413907 09/28/04--01019--001 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 200041390752 09/28/04--01019--002 ***8. STREET ADDRESS STREET ADDRESS **8.75 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ 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 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 appreass with all other like empowered.

SIGNATURE:

SIGNATURE AND COMED OR SENTED NAME OF SIGNING OFFICER OR DIRECTOR

aloolna

(786) 512 5703

Daytime Phone #