2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148920

Name:

Address:

City-St-Zip:

FILED Apr 29, 2004 Secretary of State

Entity Name: ONE WAY ALL CONTRACTORS CORP.							
Current Principal Place of Business:				New Principal Place of Business:			
200 MASSA ORLANDO		WOODS LANE US					
Current Mailing Address:				New Mailing Address:			
200 MASSA ORLANDO		WOODS LANE US					
FEI Number:	20-0471448	FEI Number Applied For ()	FEI Num	ber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
OLIVEIRA, JOAO A JR 200 MASSACHUSETTS WOODS LANE ORLANDO, FL 32824 US				LARSON, CAROLINE 1510 E COLONIAL DR 307 ORLANDO, FL 32803 US			
The above in the State		submits this statement for the pu	ırpose of	changing it	s registere	d office or registered agent, or both,	
SIGNATURE: CAROLINE LARSON						04/29/2004	
	Electro	nic Signature of Registered Ager	nt			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	OLIVEIRA, JO	USETTS WOODS LANE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	OLIVEIRA, GL	USETTS WOODS LANE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LIMA, EUNICE) Delete IAL GRAND BLVD. APT 2007 32837 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	() Delete		Title:	DT	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

PRADO, ANA PAULA

ORLANDO, FL 32824 US

200 MASSACHUSETTS WOODS LANE

SIGNATURE: JOAO A OLIVEIRA JR DP 04/29/2004