



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

05-03-2005 90081 031 ***150.00

DOCUMENT # P04000022846			
1. Entity Name PROWAY NATIONAL, INC.			
Principal Place of Business C/O KENNETH F. DARROW, ESQ. 9400 SOUTH DADELAND BLVD, PENTHOUSE 5 MIAMI, FL 33156		Mailing Address C/O KENNETH F. DARROW, ESQ. 9400 SOUTH DADELAND BLVD, PENTHOUSE 5 MIAMI, FL 33156	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DARROW, KENNETH F ESQ. C/O KENNETH F. DARROW, ESQ. 9400 SOUTH DADELAND BLVD, PENTHOUSE 5 MIAMI, FL 33156		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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLIVERI, ANGELO 9400 SOUTH DADELAND BLVD, PENTHOUSE 5 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		4-21-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66024129



04212005 Chg-P CR2E034 (10/03)

4. FEI Number **16-1692880** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required

8200 West Sunrise Blvd. #C2
Plantation, FL 33322

n

ATTACHMENT # P04000022846
66024029

Proway National, Inc.

June 27, 2005

Division of Corporations,
P. O. Box 1500,
Tallahassee, FL 32302-1500

Dear Sir:

First, I like to apologize for the omission of this information (FEI) on the filing of the Annual Report. I received this letter from our register agent in the second week of June and it took me some time to find the information requested. I am a one man operation with no help.

Please take into consideration the above in reference to the late fee.

Sincerely,


Frank Espada
For the Firm

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