

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90003 012 ***150.00

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08132005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000080434			
1. Entity Name NEW WAY MORTGAGE INC.			
Principal Place of Business 7890 CORAL WAY MIAMI, FL 33155		Mailing Address 7890 CORAL WAY MIAMI, FL 33155	
2. Principal Place of Business 3399 N.W 72nd Ave.		3. Mailing Address 3399 NW 72nd Ave.	
Suite, Apt. #, etc. # 226		Suite, Apt. #, etc. # 226	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33122	Country MIAMI-Dade	Zip 33122	Country MIAMI-Dade
4. FEI Number 30-0252797		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGUEROA, JUAN CARLOS 7890 CORAL WAY MIAMI, FL 33155		7. Name and Address of New Registered Agent Name: Figueroa Juan Carlos Street Address (P.O. Box Number is Not Acceptable): 3399 NW 72nd Avenue Ste. 226 City: MIAMI FL Zip Code: 33122	
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: <i>J. Figueroa</i>		DATE: 8/15/05	
<p>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> <p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, JUAN CARLOS 7890 CORAL WAY MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Figueroa Juan Carlos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3399 N.W 72nd Ave. # 226 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VHQA, JORGE 7890 CORAL WAY MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ULLoa, Jorge <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3399 N.W 72nd Ave. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>J. Figueroa</i>		DATE: 08/15/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	