


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90047 031 ***150.00

DOCUMENT # P04000170051				
1. Entity Name AMERICAN WAY SERVICES INC				
Principal Place of Business 7339 SW 162ND PL MIAMI, FL 33193		Mailing Address 7339 SW 162ND PL MIAMI, FL 33193		
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				7. Name and Address of New Registered Agent
GANDUR, SCHARVEL 7339 SW 162ND PL MIAMI, FL 33193				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUEDA, LUZ E	NAME		
STREET ADDRESS	7339 SW 162ND PL	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANDUR, SCHARDEL	NAME		
STREET ADDRESS	7339 SW 162ND PL	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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CITY-ST-ZIP		CITY-ST-ZIP		
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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 19.07(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>Luz Rueda</i>		SIGNATURE: <i>E. Rueda</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 3/30/05 <small>Daytime Phone #</small> (305) 926-3151		