

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2006 8:00 am
Secretary of State

03-23-2006 90008 047 ***150.00

DOCUMENT # P05000029170					
1. Entity Name FWY CORPORATION					
Principal Place of Business 525 NW 26 STREET MIAMI, FL 33127			Mailing Address 525 NW 26 STREET MIAMI, FL 33127		
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 MALIK, WAQAS 525 NW 26 STREET MIAMI, FL 33127				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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 MALIK, WAQAS 525 NW 26 STREET MIAMI, FL 33127	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISMAIL, YAKUB 525 N.W. 26 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISMAIL, YUNUS 525 NW 26 STREET MIAMI, FL 33127	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISMAIL, ALTA F 525 N.W. 26 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASIR, JAMAL 525 NW 26 STREET MIAMI, FL 33127	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMIN, ANILA 525 NW 26 STREET MIAMI, FL 33127	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Yunus Ismail</u> YUNUS ISMAIL 3-20-06 305-572-0019					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66008813



03202006 Chg-P CR2E034 (11/05)

4. FEI Number **20-233 0036** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required