

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070423

FILED
May 02, 2008
Secretary of State

Entity Name: FAIRWAY REAL ESTATE SOLUTIONS, INC.

Current Principal Place of Business:

8551 WEST SUNRISE BLVD
SUITE #100
PLANTATION, FL 33322 US

Current Mailing Address:

8551 WEST SUNRISE BLVD
SUITE #100
PLANTATION, FL 33322 US

New Principal Place of Business:

8551 WEST SUNRISE BLVD
SUITE #105
PLANTATION, FL 33322 US

New Mailing Address:

8551 WEST SUNRISE BLVD
SUITE #105
PLANTATION, FL 33322 US

FEI Number: 42-1668827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RECALDE, FERNANDO
8551 WEST SUNRISE BLVD
SUITE #100
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

RECALDE, FERNANDO
8551 WEST SUNRISE BLVD
SUITE #105
PLANTATION, FL 33322 US

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.

SIGNATURE:

05/02/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RECALDE, FERNANDO
Address: 11880 NW 17TH PLACE
City-St-Zip: PLANTATION, FL 33323 US

Title: VP (X) Delete
Name: RECALDE, EMILIA
Address: 1301 NE MIAMI GARDENS DRIVE #1606W
City-St-Zip: MIAMI, FL 33179 US

Title: T (X) Delete
Name: BOWIE, HOLLY
Address: 11721 NW 26TH STREET
City-St-Zip: PLANTATION, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RECALDE, EMILIA
Address: 8551 WEST SUNRISE BLVD #105
City-St-Zip: PLANTATION, FL 33322 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: EMILIA RECALDE

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date