2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 09, 2006 8:00 am
Secretary of State
04-27-2006 90171 042 ***150.00

04252006 Chg-P CR2E034 (11/05)

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1. Entity Name
HALF WAY TREE CORPORATION

Principal Place of Business	Mailing Address
14264 SW 175 TERRACE MIAMI, FL 33177	14264 SW 175 TERRACE MIAMI, FL 33177

2. Principal Place of Business	3. Mailing Address
10720 SW 113 Place	10720 SW 113 Place
Suite, Apt. #, etc. Miami	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: miami Florida
Zip: 33176 Country: USA	Zip: 33176 Country: USA

4. FEI Number: 20-3170715 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HILL, MARLON A. ESQ.
200 S. BISCAYNE BLVD., STE. 2680
MIAMI, FL 33131

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 WONG, CHRISTINE N. 14264 SW 175 TERRACE MIAMI, FL 33177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WONG, ROBERT 14264 SW 175 TERRACE MIAMI, FL 33177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: Christine Wong 4/21/06 305-274-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #