
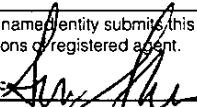
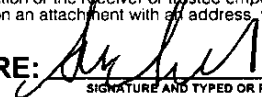


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90201 043 ***150.00

DOCUMENT # P05000095288 1. Entity Name AMERICAN WAY VANLINES INC.																									
Principal Place of Business 11340 ROCKING HORSE ROAD HOLLYWOOD, FL 33026			Mailing Address 11340 ROCKING HORSE ROAD HOLLYWOOD, FL 33026																						
2. Principal Place of Business 20423 STATE RD 7 Suite, Apt. #, etc. FL-485 City & State BOCA RATON FL Zip 33498		3. Mailing Address 20423 STATE RD 7 Suite, Apt. #, etc. FL-485 City & State BOCA RATON FL Zip 33498		4. FEI Number 20-3070490 Applied For <input type="checkbox"/> Not Applicable																					
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent VARDI, TAMIR 11340 ROCKING HORSE ROAD HOLLYWOOD, FL 33026				7. Name and Address of New Registered Agent Name AVI SHUKIA Street Address (P.O. Box Number is Not Acceptable) 20423 STATE RD 7 City BOCA RATON FL Zip Code 33498																					
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:  4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>VARDI, TAMIR</td> <td>11340 ROCKING HORSE ROAD</td> <td>HOLLYWOOD, FL 33026</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		VARDI, TAMIR	11340 ROCKING HORSE ROAD	HOLLYWOOD, FL 33026		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>AVI SHUKIA</td> <td>20423 STATE RD 7</td> <td>BOCA RATON FL 33498</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition		AVI SHUKIA	20423 STATE RD 7	BOCA RATON FL 33498	
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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: 				4/23/06 (954) 323-8502 <small>Date Daytime Phone #</small>																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									