2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

ANNUAL REPURI					Secretary of State			
1. Entity Nam	MENT # P050000968 AW GROUP, P.A.				90017 044 ***1 <i>5</i>			
Principal Place 4601 N ARM TAMPA, FL		Mailing Address 4601 N ARMENIA AVE TAMPA, FL 33603		4,000	- :	; ATTO 1818 BUTLETURI URUS I	1 2 (11) 40 4 0 1 0	
2 Principal F	Place of Business - No P.O. Box.# N . AYMPNIA AVE							
Suite, Apt. #, etc. Suite, Apt. #, etc.			:	02202008	Chg-P	CR2E034 (12/06)	مو(
City & Stat	Fr, 33612	City & State		4. FEI Numbe 20-311		⊢	pplied For lot Applicable	
Zip /	Hollsborough	Zip	Country	5. Certificate	of Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New Ro	egistered Agent		
	ILLIAM W III RMENIA AVE L 33603		7		er is Not Acceptable)/e FL ^{z19} 59	de 1 7	
8 The above	named entity submits this statement for t	he nursose of changing its r	egistered office or regi	istored agent, or ho	h in the State of Flor	rida I am familiar with	and accord	
	tions of registered agent.	The purpose of chariging its i	egistered office of regi	istered agent, or bo	in, an ine state of Fior	inua. Tam laminai wimi	i, and accept	
SIGNATURE Signature, Notice or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE							3	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND D	IRECTORS	11,	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
TITLE "	DPST	☐ Delete	TITLE			№ Change	☐ Addition	
NAME` STREET ADDRESS CITY-ST-ZIP	TISON, WILLIAM W III 4601 N ARMENIA AVE TAMPA, FL 33603		NAME STREET ADDRESS CITY-ST-ZIP	BH. 1/2	Armeni 3361	a Ave.	#400	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition	
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12 Inerebur	certify that the information supplied with the	he tilled dobe not qualify for	the exemptions contain	med in Chapter 110	LIGHTON STATUTOR 1	currence acetics that the	-ntermetice	

12. I hereby certify that the information supplied with this filling 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 time empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08/813-739-17: