

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90184 005 ***150.00

DOCUMENT # P06000003935					
1. Entity Name NU-WAY PRODUCTIONS, INC.					
Principal Place of Business 1941 NW 21ST ST. MIAMI, FL 33142			Mailing Address 1941 NW 21ST ST. MIAMI, FL 33142		
2. Principal Place of Business - No P.O. Box # 2786 SW 30 CT			3. Mailing Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami FL			City & State		
Zip 33133		Country USA		Zip	
Country		4. FEI Number 55-0912719			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTEJO, ORLANDO 1941 NW 21ST ST. MIAMI, FL 33142			7. Name and Address of New Registered Agent Name: <i>Montejo Orlando</i> Street Address (P.O. Box Number is Not Acceptable): <i>2786 SW 30 CT</i> City: <i>Miami</i> FL Zip Code: <i>33133</i>		
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 reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME MONTEJO, ORLANDO				
STREET ADDRESS 2786 SW 30 CT	CITY - ST - ZIP MIAMI, FL 33133				
TITLE VSD	NAME MARANTE, ALINA				
STREET ADDRESS 1941 NW 21ST ST.	CITY - ST - ZIP MIAMI, FL 33142				
TITLE _____	NAME _____				
STREET ADDRESS _____	CITY - ST - ZIP _____				
TITLE _____	NAME _____				
STREET ADDRESS _____	CITY - ST - ZIP _____				
TITLE _____	NAME _____				
STREET ADDRESS _____	CITY - ST - ZIP _____				
TITLE _____	NAME _____				
STREET ADDRESS _____	CITY - ST - ZIP _____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE _____	NAME _____				
STREET ADDRESS _____	CITY - ST - ZIP _____				
TITLE VSD	NAME Morante Alina				
STREET ADDRESS 2786 SW 30 CT	CITY - ST - ZIP Miami FL 33133				
TITLE _____	NAME _____				
STREET ADDRESS _____	CITY - ST - ZIP _____				
TITLE _____	NAME _____				
STREET ADDRESS _____	CITY - ST - ZIP _____				
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: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>3/2/08</i> Daytime Phone #: <i>786-586-0555</i>					