2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029893

City-St-Zip:

JARDIM, SP 05671-010 BR

FILED Sep 04, 2007 Secretary of State

Entity Nar	ne: R. NEWWARE INC			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	NEY TREE CT D, FL 32836 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	NEY TREE CT D, FL 32836 US			
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		: Name and Address of	Name and Address of New Registered Agent:	
5950 LAKE #246	FBOOKKEEPING CORP EHURST DR D, FL 32819 US	8818 COMMODITY CIF #40	LARSON ACCOUNTANT & CONSULTING SERVICES 8818 COMMODITY CIR #40 ORLANDO, FL 32819 US	
	named entity submits this statement for t e of Florida.	the purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CAROLINE LARSON			09/04/2007	
	Electronic Signature of Registered	Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation d npaign Financing Trust Fund Contribution().	id not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Delete VASONE, RODOLFO 10020 HONEY TREE CT ORLANDO, FL 32836 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () Delete CARO, ANNA CAROLINA ENG. GUIMARAES VALADAO # 15 JARDIM, SP 05671-010 BR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () Delete BIANECK, DAVID ENG. GUIMARAES VALADAO #15	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: RODOLFO VASONE DP 09/04/2007