

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90110 008 ***150.00

DOCUMENT # P06000051661																									
1. Entity Name CONNECT WAY USA, CORP																									
Principal Place of Business 777 NW 72 AVE SUITE 3102 MIAMI, FL 33126			Mailing Address 777 NW 72 AVE SUITE 3102 MIAMI, FL 33126																						
2. Principal Place of Business - No P.O. Box # 7721 NW 7 St.		3. Mailing Address 7721 NW 7 St		40004869 																					
Suite, Apt. #, etc. 608		Suite, Apt. #, etc. 608		01172007 Chg-P CR2E034 (12/06)																					
City & State Miami FL		City & State Miami FL		4. FEI Number 20-4677842																					
Zip 33126		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent MATIAS, ANDRE M 7290 NW 114 AVE # 106 DORAL, FL 33178			7. Name and Address of New Registered Agent Name: Andre M. Matias Street Address (P.O. Box Number is Not Acceptable): 7721 NW 7 St # 608 City: Miami FL Zip Code: 33126																						
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: DATE: 1/17/07																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			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: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>MATIAS, ANDRE M</td> <td>7290 NW 114 AVE</td> <td>DORAL, FL 33178</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>		MATIAS, ANDRE M	7290 NW 114 AVE	DORAL, FL 33178		<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: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Matias, Andre M</td> <td>7721 NW 7 St # 608</td> <td>Miami, FL 33126</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		Matias, Andre M	7721 NW 7 St # 608	Miami, FL 33126	
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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:			1/17/07 (305) 728-9559																						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>																						