

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90031 001 ***150.00

DOCUMENT # P06000051661					
1. Entity Name CONNECT WAY USA, CORP					
Principal Place of Business 7721 NW 7 ST 608 MIAMI, FL 33126 US			Mailing Address 7721 NW 7 ST 608 MIAMI, FL 33126 US		
2. Principal Place of Business - No P.O. Box # 2500 NW 79 Ave Suite, Apt. #, etc. 154 City & State Miami, FL Zip 33122 Country US			3. Mailing Address 2500 NW 79 Ave Suite, Apt. #, etc. 154 City & State Miami FL Zip 33122 Country US		
6. Name and Address of Current Registered Agent MATIAS, ANDRE M 7721 NW 7 ST 608 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name <u>Andre M. Matias</u> Street Address (P.O. Box Number is Not Acceptable) <u>2500 NW 79 Ave #154</u> City <u>Miami</u> FL Zip Code <u>33122</u>		
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 <u>[Signature]</u> DATE <u>3/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATIAS, ANDRE M 7721 NW 7 ST #608 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Andre M. Matias 2500 NW 79 Ave #154 Miami FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/11/08</u> Daytime Phone # <u>(305) 418-8702</u>		

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4. FEI Number 20-4677842 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required