


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
4 May 13, 2008 8:00 am
Secretary of State

04-04-2008 90012 029 ***150.00

DOCUMENT # P07000011973

1. Entity Name
BINARYWAYS INC.



Principal Place of Business Mailing Address
711 NE 1ST PL. **711 NE 1ST PL.**
HIALEAH, FL 33010 **HIALEAH, FL 33010**

66010564



2. Principal Place of Business - No P.O. Box 3. Mailing Address
4695 NW 180 St **4695 NW 180th Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02262008 Chg-P CR2E034 (12/06)

City & State City & State
Miami Gardens **Miami Gardens**
 Zip Country Zip Country
33055 **Dade** **33055** **Dade**

4. FEI Number Applied For
20-8328236 Not Applicable

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

6. Name and Address of Current Registered Agent
PIREZ, ORLANDO M
711 NE 1ST PL.
HIALEAH, FL 33010

7. Name and Address of New Registered Agent
 Name **Orlando M. Quero**
 Street Address (P.O. Box Number is Not Applicable)
4695 NW 180th Street
 City **Miami** FL Zip Code **33055**

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: **2/26/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, ORLANDO M		NAME	Orlando M. Quero	
STREET ADDRESS	711 NE 1ST PL.		STREET ADDRESS	4695 N.W. 180th Street	
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP	Miami, FL 33055	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE: **2/26/08** DEVERE PHONE #: **(786) 566-2852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DEVERE PHONE #