2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078534

Entity Name: RIGHTWAY CONSTRUCTION CONSULTANTS INC

FILED Feb 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	TH OCEAN DF				•		
#4010							
HALLAND.	ALE, FL 33009	US					
Current Mailing Address:				New Mailing Address:			
1800 SOUTH OCEAN DR. #4010 HALLANDALE, FL 33009 US				1800 SOUTH OCEAN DR. 4010 HALLANDALE, FL 33009			
				mber Not Applicable () Certificate of Status Desired (X)			
				Name and Address of New Registered Agent:			
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	iew Registered Ager	IT:
13302 WIN SUITE A-1	IDING OAKS B	DRATION AGENTS, INC. LVD.					
	named entity s e of Florida.	ubmits this statement for the p	ourpose o	f changing i	ts registered o	ffice or registered age	ent, or both,
SIGNATUR	RE:						
	Electron	c Signature of Registered Age	ent			Date	
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIREC	rors:		ADDITION	IS/CHANGES	TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	GONZALEZ, DA	CEAN DR. #4010		Title: Name: Address: City-St-Zip:	MARIA GONZAI	CEAN DR. #4010	
Title: Name: Address: City-St-Zip:	GONZALEZ, MA	CEAN DR. #4010		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	GONZALEZ, MA	CEAN DR. #4010		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () GONZALEZ, DA 1800 SOUTH OO HALLANDALE, F	NIEL A CEAN DR. #4010		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	GONZALEZ, MA	CEAN DR. #4010		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MARIA GONZAÍ	CEAN DR 4010	

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.

SIGNATURE: MARIA GONZALEZ DIR 02/26/2009