

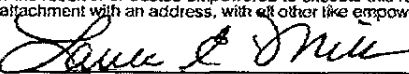


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000013267		
1. Entity Name NU-WAY AUTO SERVICE, INC.		
Principal Place of Business 551 NW 71 STREET MIAMI, FL 33150		Mailing Address 551 NW 71 STREET MIAMI, FL 33150
		
03312004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0472798		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MILLER, DAVID E 551 N.W. 71ST ST. MIAMI, FL 33150		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
TITLE	D	
NAME	MILLER, DAVID	
STREET ADDRESS	551 N.W. 71ST ST.	
CITY-STATE-ZIP	MIAMI, FL 33127	
TITLE	D	
NAME	MILLER, WALLY	
STREET ADDRESS	551 N.W. 71ST ST.	
CITY-STATE-ZIP	MIAMI, FL 33127	
TITLE	D	
NAME	MILLER, WALTER	
STREET ADDRESS	551 N.W. 71ST ST.	
CITY-STATE-ZIP	MIAMI, FL 33127	
TITLE	S	
NAME	MILLER, LAURA E	
STREET ADDRESS	4365 NORTH MERIDIAN AVENUE	
CITY-STATE-ZIP	MIAMI BEACH, FL 33140	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3/31/04 305-757-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #