

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90002 023 ***150.00

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1. Entity Name
B-WAY, INC.



Principal Place of Business
2501 N. HIATUS ROAD
COOPER CITY, FL 33026

Mailing Address
9655 W BROWARD BLVD
PLANTATION, FL 33324

24036928

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
400 N. Pine Island Rd
Suite, Apt. #, etc.
300
City & State
Plantation, Florida
Zip
33324
Country
U.S.A.



02232004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0522946

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BLATMAN, STEPHEN
500 CYPRESS PT. DR. W.
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent
Name
STEPHEN BLATMAN
Street Address (P.O. Box Number is Not Acceptable)
1502 N.W. 139th AVE
City
PEMBROKE PINES FL Zip Code
33028

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 *[Signature]* DATE 4/5/04

Signature of registered agent or printer of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD BLATMAN, STEPHEN 500 CYPRESS PT. DR. W. PEMBROKE PINES, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Blattman, Stephen 1502 N.W. 139th Ave Pembroke Pines, FL 33028 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLATMAN, MARLENY 500 CYPRESS PT. DR. W. HOLLYWOOD, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Blattman, Marleny 1502 N.W. 139th Ave Pembroke Pines, FL 33028 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* DATE 4/5/04

SIGNATURE AND TITLE IS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR