2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State

ANNUAL REPURI		Secretary of Stat
DOCUMENT # P94000084201 1. Entity Name AW HOLDINGS, INC.		Secretary of Sta
Principal Place of Business 1255 S. MILITARY TRAIL SUITE 200 DEERFIELD BEACH, FL 33442 US Mailing Address 1255 S. MILITARY TRAIL SUITE 200 DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442	442 US	
DO NOT WRITE IN THIS SPA	ACE	04182008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For
Name and Address of Current Registered Agent		65-0582985 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
WALDMAN, ANDREW C 1255 S. MILITARY TRAIL SUITE 200 DEERFIELD BEACH, FL 33442 8. The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.	stered office or register	DO NOT WRITE IN THIS SPACE ed agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE	istered Agent signature required	when reinstating) DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign File Trust Fund Contribution		00 May Be ed to Fees
10. OFFICERS AND DIRECTORS TITLE PS NAME WALDMAN, ANDREW C STREET ADDRESS CITY-ST-7IP DEERFIELD BEACH, FL 33442 TITLE VT NAME WALDMAN, ANA MARIA STREET ADDRESS 1255 S. MILITARY TRAIL, SUITE 200		######################################
CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TILE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/54/6 9 (84) 426-260 6
Dayline Phone #