2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000046642

Entity Name: ABC MED WAY, INC.

FILED Jul 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8661 NE 2ND AVE MIAMI SHORES, FL 33138 EL PORTAL, FL 33138

Current Mailing Address: New Mailing Address:

9838 N.E. 2 AVE 8661 NE 2ND AVE EL PORTAL, FL 33138 MIAMI SHORES, FL 33138

FEI Number: 65-0595290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRISOLOGO, FLOR CRISOLOGO, FLOR 9838 NE 2ND AVENUE 797 NE 94 ST MIAMI SHORES, FL 33138 US MIAMI SHORES, FL 33138 US

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.

SIGNATURE: 07/07/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: (X) Change () Addition

CRISOLOGO, FLOR CRISOLOGO, FLOR Name: Name: 9838 N.E. 2 AVE. Address: 797 NE 94 ST Address:

City-St-Zip: MIAMI SHORES, FL 33138 City-St-Zip: MIAMI SHORES, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: FLOR CRISOLOGO **PST** 07/07/2005