

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000046642

Entity Name: ABC MED WAY, INC.

FILED
Jun 04, 2008
Secretary of State

Current Principal Place of Business:

8661 NE 2ND AVE
EL PORTAL, FL 33138

New Principal Place of Business:

Current Mailing Address:

8661 NE 2ND AVE
EL PORTAL, FL 33138

New Mailing Address:

FEI Number: 65-0595290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISOLOGO, FLOR
797 NE 94 ST
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

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:

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:

Title: PST () Delete
Name: CRISOLOGO, FLOR
Address: 797 NE 94 ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CRISOLOGO, JUAN C JR
Address: 797 NE 94 ST
City-St-Zip: MIAMI SHORES, FL 33138

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: FLOR CRISOLOGO

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06/04/2008

Electronic Signature of Signing Officer or Director

Date