2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000040274

1. Entity Name GOOD WAY OIL CORPORATION



04-26-2004 90510 026 ***150.00

FILED

Apr 26, 2004 8:00 am Secretary of State

Principal Place of Business

2152 OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33409 Mailing Address

22272 ALYSSUM WAY BOCA RATON, FL 33433



04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0667501

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUZAGLO, ELI 22272 ALYSSUM WAY BOCA RATON, FL 33433

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					C. * . * . *
	named entity submits this statement for the purpose of chaions of registered agent.	nging its registered office or regist	ered agent, or both, in the Stat	e of Florida. I am familia	r with, and accept
SIGNATURE	<u> </u>	Angel and the	,		
0.0.0	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature require	red when reinstating)	DATE	
After M	E NOWIII FEE IS \$150.00 9. Election ay 17 2004 Fee will be \$550.00 10 20 70st Fe	n Campaign Financing	5.00 May Be		
**10 ^{: జన్న} ి	OFFICERS AND DIRECTORS	ARTHUR THE ARTHUR TO	344 事。 2 2 声似致力。	注:4特的为某 政(
TITLE	P				
NAME	BUZAGLO, ELI	*		^ . v :	
STREET ADDRESS	22272 ALYSSUM WAY				

BOCA RATON, FL 33433 CITY-ST-ZIP TITLE STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS TITLE STREET ADDRESS CITY-ST-7IP

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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

121/04

Daytime Phone #