## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000094554

Entity Name: BIZWAY, INC.

FILED Apr 26, 2008 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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8010 W MCNAB ROAD 8074 W MCNAB ROAD

NORTH LAUDERDALE, FL 33068 US NORTH LAUDERDALE, FL 33068 US

Current Mailing Address: New Mailing Address:

8010 W MCNAB ROAD 8074 W MCNAB ROAD

NORTH LAUDERDALE, FL 33068 US NORTH LAUDERDALE, FL 33068 US

FEI Number: 65-0711150 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:

LIVIGNE, GARY LIVIGNE, GARY

8010 W MCNAB ROAD 8074 W MCNAB ROAD

NORTH LAUDERDALE, FL 33068 US NORTH LAUDERDALE, FL 33068 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: 04/26/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name: Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: LIVIGNE, MICHAEL
Address: 8010 W MCNAB ROAD
Name: LIVIGNE, MICHAEL
Address: 8074 W MCNAB ROAD

City-St-Zip: NORTH LAUDERDALE, FL 33068 US City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: PD ( ) Delete Title: COOD (X) Change ( ) Addition Name: DENERO, DANIEL W DENERO, DANIEL W

Address: 8010 WEST MCNAB ROAD Address: 8074 WEST MCNAB ROAD

City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: NORTH LAUDERDALE, FL 33068

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

Name: LIVIGNE, GARY Name: LIVIGNE, GARY

Address: 8010 WEST MCNAB ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068
Address: 8074 WEST MCNAB ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

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

GINSBERG, JONATHAN

8010 WEST MCNAB ROAD

NORTH LAUDERDALE, FL 33068

City-St-Zip:

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: GARY LIVIGNE CEOD 04/26/2008