


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90016 023 ***150.00

DOCUMENT # P97000042829 1. Entity Name SOUTHWAY, INC.	
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Principal Place of Business 6930 NW 84TH AVE MIAMI, FL 33166 US	Mailing Address 6930 NW 84TH AVE MIAMI, FL 33166 US
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2. Principal Place of Business <i>11465 N.W. 34 St.</i> Suite, Apt. #, etc.	3. Mailing Address <i>11465 N.W. 34 St.</i> Suite, Apt. #, etc.
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City & State <i>MIAMI, FLORIDA</i> Zip <i>33178</i> Country <i>DADE</i>	City & State <i>MIAMI, FLORIDA</i> Zip <i>33178</i> Country <i>DADE</i>
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40000929



01062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0752504	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCES, ROBERTO 6930 NW 84TH AVE MIAMI, FL 33166	7. Name and Address of New Registered Agent Name <i>ROBERTO GARCES</i> Street Address (P.O. Box Number is Not Acceptable) <i>11465 N.W. 34 St.</i> City <i>MIAMI</i> FL Zip Code <i>33178</i>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GARCES, ROBERTO 6930 NW 84TH AVE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>ROBERTO GARCES</i> <i>11465 N.W. 34 St.</i> <i>MIAMI, FLORIDA 33178</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: *Roberto Garces* **ROBERTO GARCES / PRESIDENT** 1-11-05 (305) 436-2996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #