2008 FOR PROFIT CORPORATION

Jan 07, 2008 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P97000042829** 1. Entity Name SOUTHWAY, INC. Mailing Address Principal Place of Business 11465 N.W. 34 ST. 11465 N.W. 34 ST. US MIAMI, FL 33178 MIAMI, FL 33178 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0752504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GARCES, ROBERTO 11465 N.W. 34 ST. MIAMI, FL 33178 IN THIS SPACE and the second second 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. THLE GARCES, ROBERTO NAME 11465 N.W. 34 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY+ST-ZIP NAME STREET ADDRESS CITY-\$T-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplimental 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 trustige 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

KOBERT GARCES

305-436 2996

FILED

Daytime Phone #