




FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91776 037 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000047972			
1. Entity Name KINWAY ENTERPRISE, INC.			
Principal Place of Business 700 W STATE ROAD 434 7973 THIRD AVENUE SOUTH LONGWOOD SEMINOLE CITY, FL 32750 US		Mailing Address 700 W STATE ROAD 434 7973 THIRD AVENUE SOUTH LONGWOOD SEMINOLE CITY, FL 32750 US	
2. Principal Place of Business 740 FL Central Hwy Suite, Apt. #, etc. # 1000		3. Mailing Address 514 Freeman St.	
City & State Longwood, FL		City & State Longwood, FL	
Zip 32750		Country USA	
4. FEI Number 59-3464444		Applied For Not Applicable	
5. Certificate of Status Decried <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAN, DAVID SHK WAI 700 W STATE ROAD 434 LONGWOOD SEMINOLE CITY, FL 32750		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 514 Freeman St. City Longwood FL Zip Code 32750	
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 my signed agent.			
SIGNATURE: 		DATE: 4/29/03	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P CHAN, DAVID SHK WAI 700 W STATE ROAD 434 LONGWOOD SEMINOLE CITY, FL 32750	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 514 Freeman St. Longwood, FL 32750
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 190.07(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 507, 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: 		DATE: 4/29/03	

11041064



CHECK HERE IF MAKING CHANGES

CPRE004 (10/02)