


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

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90203 039 \*\*\*150.00

DOCUMENT # **P99000101198**  
1. Entity Name  
**FINNESAN'S WAY, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1344 OCEAN DR.**  
3. Mailing Address  
**1344 OCEAN DR#2**  
Suite, Apt. #, etc.

City & State  
**MIAMI BEACH**  
City & State  
**MIAMI BEACH, FL**  
Zip  
**FLORIDA** Country  
**DADE** Zip  
**33139** Country  
**USA**

**40081786**  
**DO NOT WRITE IN THIS SPACE**  
4. FEI Number **650962271**  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

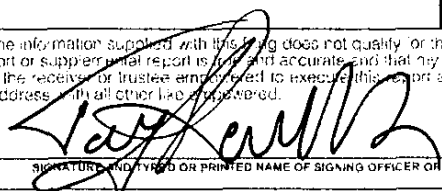
7. Name and Address of Current Registered Agent  
Name  
**EVAN R. MARBIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**48 E. FLAGLER STREET PH 104**  
City  
**MIAMI** FL Zip Code  
**33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State  
9. Election Campaign Financing  
Trust Fund Contributor:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT KRISTYN NAGY 1465 OCEAN DR #1502 MIAMI BEACH, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER ANTHONY KARPAWICH 1465 OCEAN DR #1502 MIAMI BEACH, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address. If all other law is complied.

SIGNATURE:  **ANTHONY KARPAWICH (T)** 4/17/07 7865564287.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printing Name

CR2E034B (12/02)