


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # V21849


1. Entity Name
MAWW, INC.



Principal Place of Business
**8371 WATERFORD CIRCLE
 TAMARAC, FL 33321**

Mailing Address
**8371 WATERFORD CIRCLE
 TAMARAC, FL 33321**

DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (1/05)

4. FEI Number
65-0322584

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REINHARD, SANFORD N
 2875 NE 191 STREET
 SUITE 404
 NO MIAMI BEACH, FL 33180**

DO NOT WRITE IN THIS SPACE

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE MONTH: FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINHART, GEORGE 8371 WATERFORD CIRCLE TAMMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODEL, ELLIOT 8371 WATERFORD CIR FORT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000808940
 02/03/08-90002-013-150:00

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 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: Elliot Godel **1/24/08** **954-960-1447**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Day/Free Phone #