

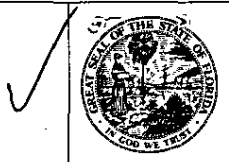
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90116 038 ***150.00

DOCUMENT # **PO2000065713**

1. Entity Name
J.A.F. Logistics



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5349 NW 198th. Terr.
Suite, Apt. #, etc.

3. Mailing Address
5349 NW 198th. Terr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Opa locke, Fl.
Zip
Fl. Country
Dade

City & State
Opa locke, Fl.
Zip
33055 Country
Dade

4. FEI Number
01-0719346
Applied For
 Not Applicable

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
Jonathan Ajoy
Street Address (P.O. Box Number is Not Acceptable)
5349 NW 198th. Terr.
City
Opa locke FL Zip Code
33055

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 _____
Signature, typed or printed name of registered agent and title if applicable

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 Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT Jonathan Ajoy 5349 NW 198th. Terr. Opa locke, Fl. 33055 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jonathan Ajoy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/03 (954) 9144578
Date Daytime Phone #

CR2E034B (12/02)