

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

**FILED
Feb 25, 2004 8:00 am
Secretary of State**

02-25-2004 90026 031 ***150.00

DOCUMENT # P99000070525
1. Entity Name AJA TUSCANY GROUP INC

DO NOT WRITE IN THIS SPACE

54011120

2. Principal Place of Business 830-13 NORTH A1A #334	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PONTE VEDRA BEACH, FL	City & State	4. FEI Number 59-3588984	Applied For <input type="checkbox"/> Not Applicable
Zip 32082	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CAPLAN, HOWARD	
Street Address (P.O. Box Number is Not Acceptable) 6260-C DUPONT STATION CT	
City JACKSONVILLE	FL Zip Code 32217

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) 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 Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS		11.	
TITLE D	NAME GOLDSTEIN, SHIRLEY	TITLE	
STREET ADDRESS 146 SO END ST	CITY-ST-ZIP ST AUGUSTINE, FL 32095	STREET ADDRESS	
TITLE D	NAME CSAZAR, ANDREA	TITLE	
STREET ADDRESS 1223 QUEENS HARBOR BLVD	CITY-ST-ZIP JACKSONVILLE, FL 32225	STREET ADDRESS	
TITLE D	NAME LINDER, JEFFERSON P	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS 74 MERLIN AVE	CITY-ST-ZIP TARRYTOWN, NY 10591	STREET ADDRESS	
TITLE D	NAME AUSTIN, GREG	TITLE	
STREET ADDRESS 122 CRISP DR	CITY-ST-ZIP AMERICUS, GA 31709	STREET ADDRESS	
TITLE D	NAME AUSTIN, STEVE	TITLE	
STREET ADDRESS 122 CRISP DR	CITY-ST-ZIP AMERICUS, GA 31709	STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 *Shirley Goldstein* SHIRLEY GOLDSTEIN **2/19/04** **904-819-9073**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #