
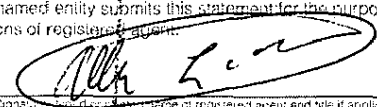
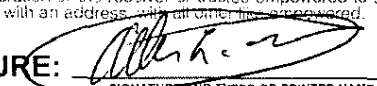


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90217 047 ***150.00

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

DOCUMENT # <i>F00000002033</i>			
1. Entity Name JAJA GROUP, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 9048 SPINDLETREE WAY Suite, Apt. #, etc.		3. Mailing Address 9048 SPINDLETREE WAY Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE	
Zip 32256		Country USA	
4. FEI Number 13-3839836		Applied For <input type="checkbox"/> Not Applicable	
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 ALLEN L. WEBER	
		Street Address (P.O. Box Number is Not Acceptable) 9048 SPINDLETREE WAY	
		City JACKSONVILLE FL Zip Code 32256	
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 		Allen L. Weber 3/27/03	
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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
PRESIDENT - JUN TANG 9048 SPINDLETREE WAY JACKSONVILLE, FL 32256			
VP/SEC. ALLEN L. WEBER 9048 SPINDLETREE WAY JACKSONVILLE, FL 32256			
		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 information empowered.			
SIGNATURE: 		Allen L. Weber 3/27/03 904-519-0050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)