


03-31-2003 90217 047 \*\*\*150.00

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

DOCUMENT # *F00000002033*  
 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.

DO NOT WRITE IN THIS SPACE

City & State  
 JACKSONVILLE, FL

City & State  
 JACKSONVILLE

4. FEI Number  
 13-3839836

Applied For  
 Not Applicable

Zip  
 32256

Country  
 USA

Zip  
 FL

Country  
 32256

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  
 ALLEN L. WEBER

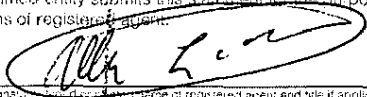
Street Address (P.O. Box Number is Not Acceptable)  
 9048 SPINDLETREE WAY

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  
(NOTE: Registered Agent signature required when renouncing.)

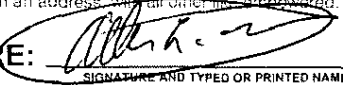
January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS                     |  |  |                                   |
|--|--|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT - JUN TANG<br>9048 SPINDLETREE WAY<br>JACKSONVILLE, FL 32256   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/SEC. ALLEN L. WEBER<br>9048 SPINDLETREE WAY<br>JACKSONVILLE, FL 32256 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

CR2E034B (12/02)

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, 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 #