


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

04-21-2003 90546 035 ***150.00

DOCUMENT # **P02000009636**

1. Entity Name
JAJA SERVICES, INC.



Principal Place of Business
~~6800 N.W. 72nd Street, City 6800~~
MIAMI FL

Mailing Address
~~P.O. Box 830310~~
MIAMI FL 332830310

70 ROL 068468
MIAMI FL 33166
DADE

55038494



2. Principal Place of Business
6800 N.W. 72 ST

Suite, Apt. #, etc.

3. Mailing Address
6800 N.W. 72 ST

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL 33166

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Miami, FL 33166

4. FEI Number
33-0994931

Applied For
 Not Applicable

Zip **33166** Country **Dade**

Zip **33166** Country **Dade**

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

6. Name and Address of Current Registered Agent

*** AUSTIN, RICHARD B ***
8390 NW 53RD STREET STE 300
MIAMI FL

***RESIGNED as of**
01/31/02

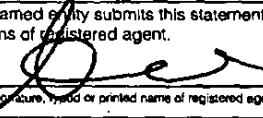
7. Name and Address of New Registered Agent

Name
JULIO C. AYES

Street Address (P.O. Box Number is Not Acceptable)
6800 N.W. 72 ST

City **Miami, FL** Zip Code **33116**

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 **1/31/02**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	DPS AUSTIN, RICHARD B / PO BOX 830310 MIAMI FL 332830310	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D S JULIO C. AYES 6800 N.W. 72 ST MIAMI, FL. 33116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/17/03** **Julio C. Ayes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)