


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90020 033 \*\*\*150.00

<b>DOCUMENT # P03000072507</b>		
1. Entity Name <b>WAJ ENTERPRISES, INC.</b>		

Principal Place of Business <b>138 PARK AVENUE CASSELBERRY FL 32707</b>	Mailing Address <b>138 PARK AVENUE CASSELBERRY FL 32707</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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<b>JOHANSON, WALTER ALLAN</b> <b>138 PARK AVENUE</b> <b>CASSELBERRY FL 32707</b>			
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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.			
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SIGNATURE		DATE	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>P</b> <b>JOHANSON, WALTER ALLAN</b> <b>138 PARK AVENUE</b> <b>CASSELBERRY FL 32707</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>JOHANSON, BARBARA</b> <b>138 PARK AVENUE</b> <b>CASSELBERRY FL 32707</b>
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 10	
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
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

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.	
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SIGNATURE: <u>Walter Allan Johanson</u> <b>WALTER ALLAN JOHANSON</b> 2-23-04 407-6952740	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

66405449



MOORE CR2E034 (11/03)