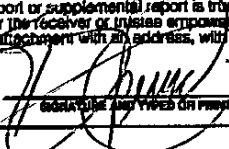


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FILED
May 02, 2005 8:00 am
Secretary of State

03-28-2005 90074 001 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000121575			
1. Entity Name YAHWAY INC.			
Principal Place of Business RUA COM. GRACIA DAVILA 310 CASA 4, MORUMBI SAO PAULO 05654-040 BRAZIL		Mailing Address RUA COM. GRACIA DAVILA 310 CASA 4, MORUMBI SAO PAULO 05654-040 BRAZIL	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 98-0449968		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS, INC. 4710 NW BOCA RATON BOULEVARD, SUITE 101 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when retaking) Signature, typed or printed name of registered agent and title if appropriate. DATE			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNOR, JEFFREY S 14241 U.S. HIGHWAY ONE JUNO BEACH, FL 33408 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESMOND ROWAN RUA COM GRACIA DAVILA 310 CASA 4, MORUMBI, SAO PAULO 05634-040 BRAZIL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DESMOND ROWAN, MAY 25, 2005 Date Daytime Phone #	

66014229



04222005 Chg-P CPE2E034 (10/03)

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