

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000121575

1. Entity Name  
YAHWAY INC.



**FILED  
Feb 17, 2006 8:00 am  
Secretary of State**

02-17-2006 90087 024 \*\*\*150.00



01132006 Chg-P CR2E034 (11/05)

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 4710 NW 2nd Avenue Suite, Apt. #, etc. #101		3. Mailing Address 4710 NW 2nd Avenue Suite, Apt. #, etc. #101	
City & State Boca Raton		City & State Boca Raton	
Zip 33431	Country USA	Zip 33431	Country USA
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D ROWAN, DESMOND RUA COM GRACIA DAVILLA 310 CASA 4 MORUMBI, SAO PAULO, BRAZIL, 05634460		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 1/26/06 561

7446138

DESMOND ROWAN