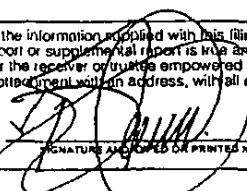


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90029 018 ***150.00

DOCUMENT # P04000121575					
1. Entity Name YAHWAY INC.					
Principal Place of Business 4710 NW 2ND AVE STE 101 BOCA RATON, FL 33431			Mailing Address 4710 NW 2ND AVE STE 101 CASA 4, MORUMBI SAO PAULO BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4710 NW 2ND AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 101			
City & State		City & State BOCA RATON FL		4. FEI Number 98-0449968	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
33431	USA	33431	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 _____ (NOTE: Registered Agent signature required when re-stating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ROWAN, DESMOND			NAME	
STREET ADDRESS	RUA COM GRACIA DAVILLA 310 CASA 4			STREET ADDRESS	
CITY-ST-ZIP	MORUMBI, SAO PAULO, BRAZIL, 05634460			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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:  DESMOND ROWAN, 1/18/07 5511 55083901					
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					