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	Mailing Address
4710 NW 2ND AVE STE 101 BOCA RATON, FL 33431	4710 NW 2ND AVE STE 101 CASA 4, MORUMBI SAO PAULO BOCA RATON, FL 33431

01042007 Chg-P CR2E034 (12/06)

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	
Zip	Country	Zip 33431	Country USA

4. FEI 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 ______________________
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, 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 10	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROWAN, DESMOND		NAME	
STREET ADDRESS	RUA COM GRACIA DAVILLA 310 CASA 4 5		STREET ADDRESS	
CITY-ST-ZIP	MORUMBI, SAO PAULO, BRAZIL, 05684460		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	
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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: [signature] DESMOND ROWAN, 1/18/07 55 11 55083901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #