2008 FOR PROFIT CORPORATION

Apr 11, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000121575** 04-11-2008 90033 047 ***150.00 1. Entity Name YAHWAY INC. Principal Place of Business Mailing Address 40064778 4710 NW 2ND AVE STE 101 4710 NW 2ND AVE BOCA RATON, FL 33431 SUITE 101 BOCA RATON, FL 33431 CR2E034 (11/05) 01162008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 98-0449968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS, INC. DO NOT WRITE 4710 NW BOCA RATON BOULEVARD, SUITE 101 BOCA RATON, FL 33431 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ח ROWAN, DESMOND NAME RUA COM GRACIA DAVILLA 310 CASA 4 STREET ADDRESS MORUMBI, SAO PAULO, BRAZIL, 05634460 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Stachanged, or on an attachment with an address, with all other like empowered. 119, Florida Statutes. I further certify that the information ffect as if made under oath; that I am an officer or director

SIGNATURE: _

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

FILED