

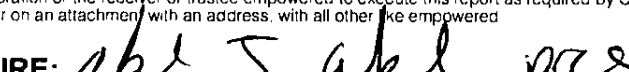


**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000057507		Secretary of S	
1. Entity Name J. Y. J. A., INC.			
Principal Place of Business 1185 CASSAT AVE JACKSONVILLE, FL 32205		Mailing Address 1185 CASSAT AVE JACKSONVILLE, FL 32205	
DO NOT WRITE IN THIS SPACE			
		03282007 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 55-0900767	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent AKEL, AKEL J 1185 CASSAT AVE JACKSONVILLE, FL 32205		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		U000000690258 04/11/07-80070-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
P AKEL, AKEL J 1185 CASSAT AVE JACKSONVILLE, FL 32205			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
VS AKEL, JANAN A 1185 CASSAT AVE JACKSONVILLE, FL 32205			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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:  AKEL, AKEL J.		42-07 904-3844429	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	