2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300079344 1. Entity Name DAJA, INC. Principal Place of Business 520 MIDDLE RIVER DR FT LAUDERDALE FL 33304 P9300079344 Mailing Address P.O. BOX 129 JUPITER FL 33468				O3 SEP 10 AM 10: 09
		3. Mailing Address		O3 SEP TO MILLO SECRETARY OF STATE TANGE FLORIDA
2. Principal Place of Business		<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0448885 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
SMITH, MAUREEN L				
520 MIDDLE RIVER DR			Street Address	(P.O. Box Number is Not Acceptable)
FT LAUDERDALE FL 33304				
•			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				
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MAUREEN L 520 MIDDLE RIVER RD FT LAUDERDALE FL 33304	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500022928065 09/10/03-01042-005 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPISIAK, JAMES E 520 MIDDLE RIVER RD FT LAUDERDALE FL 33304	Delate	TITLE NAME STREET ADDRESS ~ CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby of indicated of the corr	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	the exemption stated in Se y signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7. Florida Statutes; and that my name appears in Block 10 or Block 11 if

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:

TAGULTUSE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X410 C/

Daytime Phone #