

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT -7 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400008315414--2
-10/10/02--01089--020
****150.00 ****150.00

DOCUMENT # 608 999000045685
1. Entity Name WJA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2645 W. 78TH ST.
Suite, Apt. #, etc.
3. Mailing Address 2645 W. 78TH ST.
Suite, Apt. #, etc.

City & State HALEAH, FL City & State HALEAH, FL
Zip 33016 Country USA Zip 33016 Country USA

4. FEI Number 65-0499101 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name ARMSTRONG, WILLIAM A.
Street Address (P.O. Box Number is Not Acceptable)
2645 W. 78TH ST.
City HALEAH FL Zip Code 33016

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.
SIGNATURE [Signature] DATE 9/28/02
Signature of officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
 January 1 - May 1 Fee is \$150.00
 After May 1; Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	PRESIDENT		JAMES ARMSTRONG	11250 SW 2nd PL.	PEMBROKE PINES, FL 33025
TITLE	VICE PRESIDENT		ARMSTRONG, WILLIAM A	16185 NW 13TH ST	PEMBROKE PINES, FL 33028
TITLE	SEC/TREAS.		ARMSTRONG, KATHLEEN D.	16185 NW 13TH ST.	PEMBROKE PINES, FL 33028
TITLE					
TITLE					
TITLE					
TITLE					

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address with all other like empowered.
SIGNATURE: [Signature] Date 9/28/02 305-821-8846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

28 10/10/02

He did not
receive a form
in the mail
this year.

Kathleen
Armstrong