2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# P98000090248

Entity Name: JWS SERVICES USA, INC.

Current Principal Place of Business:

2411 N.W. 16TH LANE
STE 4
POMPANO BEACH, FL 33062

New Principal Place of Business:

P.O. BOX 970747
COCONUT CREEK, FL 33097

Current Mailing Address:

2411 N.W. 16TH LANE
STE 4
POMPANO BEACH, FL 33062

New Mailing Address:

P.O. BOX 970747
COCONUT CREEK, FL 33097

FEI Number: 65-0899851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: SLAVIK, JOHN W
Address: 2411 N.W. 16TH LANE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: ALBERT, SLAVIK
Address: 2411 NW 16TH LANE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP/T ( ) Delete
Name: SLAVIK, NANCY P
Address: 2411 N.W. 16TH LANE SUITE #4
City-St-Zip: POMPANO BEACH, FL 33064

Title: S ( ) Delete
Name: MELONE, EMIL
Address: 2411 N.W. 16TH LANE SUITE #4
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: SLAVIK, JOHN W
Address: P.O. BOX 970747
City-St-Zip: COCONUT CREEK, FL 33097

Title: D (X) Change ( ) Addition
Name: BILLY, ROOS
Address: P.O. BOX 970747
City-St-Zip: COCONUT CREEK, FL 33097

Title: VP/T (X) Change ( ) Addition
Name: SLAVIK, NANCY P
Address: P.O. BOX 970747
City-St-Zip: COCONUT CREEK, FL 33097

Title: S (X) Change ( ) Addition
Name: MELONE, EMIL
Address: P.O. BOX 970747
City-St-Zip: COCONUT CREEK, FL 33097

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. SLAVIK D/P 04/28/2003
Electronic Signature of Signing Officer or Director Date