


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90031 015 \*\*\*150.00

<b>DOCUMENT # V12405</b> 1. Entity Name <b>WAYLOO, INC.</b>			
Principal Place of Business <b>2246 NE 123RD ST SUITE 1403 MIAMI, FL 33181</b>		Mailing Address <b>3111 NORTH OCEAN DRIVE SUITE 1403 HOLLYWOOD, FL 33019</b>	
2. Principal Place of Business <b>2246-48 NE 123RD ST</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>North Miami, FL</b> Zip <b>33181</b>		City & State City & State Zip Country	
4. FEI Number <b>65-0309214</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ST. JAMES, WAYNE 3111 NORTH OCEAN DRIVE SUITE 1403 HOLLYWOOD, FL 33019</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	VPD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ST. JAMES, WAYNE	NAME	
STREET ADDRESS	3111 N. OCEAN DR #1403	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL	CITY-ST-ZIP	
TITLE	PD	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	NAGAMATSU-SILVERMAN, NANCY	NAME	(Address) NAGAMATSU-SILVERMAN, NANCY
STREET ADDRESS	10175 COLLINS AVE. STE. #105	STREET ADDRESS	4800 TOWER SIDE TERRACE #2007
CITY-ST-ZIP	BAL HARBOUR, FL 33154	CITY-ST-ZIP	MIAMI, FL 33138
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE: Wayne St James (WAYNE ST JAMES) 4/6/04 305-892-6244</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			