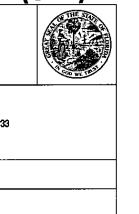
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V20566 DOCUMENT

1. Entity Name

A. J. SAILAWAY, INC.

SIGNATURE: 2



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90045 025 ***150.00

Principal Place of Business P O BOX 331778 COCONUT GROVE FL 33233 US		Mailing Address PO BOX 331778 COCONUT GROVE FL 33233 US								
2. Principal Place of Business		3. Mailing Address					III(B &III BIBII BIB	il a idhi dhah dh		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	El Number 65-033712	2	_ − −	plied For t Applicable	
Zip	Country	Zip	Countr	у	5. (Certificate of Status Desired		\$8.75 Add		
6.	Name and Address of Curren	egistered Agent			7. N	7. Name and Address of New Registered Agent				
	RICAN DR	for the purpose of changing i	its registered	Street Addres 34.00 PROCESS CITY Condidated of the condi	PAN 2 (MATTHS W. Cox Number is Not Acceptable SLIP 12 2008 FL ent, or both, in the State of I	De FL	Zip Code	33 and accept	
SIGNATURE	are, typed or printed name of registered ager	nt and title if applicable. (NO	OTE: Registered	Agent signature requ	ired when re	sinstating)	DATE		 -	
After May	NOW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 able to Florida Department					9. Election Campaign Trust Fund Contribut	ion.	Added	0 May Be to Fees	
10.	OFFICERS AND DIRECTORS		11.		AD	DITIONS/CHANGES TO O	FICERS AND			5
STREET ADDRESS 3400	RNES, MATTHEW J., JR. PAN AMERICAN DR ONUT GROVE FL	☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	F034 (10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				Change	☐ Addition] SBC
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			, "	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	T AODRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP				☐ Change	☐ Addition	
12. I hereby certify indicated on the of the corporational changed, or on	that the information supplied wi is report or supplemental report on or the receiver or trustee em an attachment with an addless	th this filing does not qualify is true and accurate and tha powered to execute this repo , with all dither like empowers	for the exemit my signature require	nption stated in tre shall have the ed by Chapter 6	Section ne same l 507, Florid	119.07(3)(i), Florida Statute legal effect as if made unde da Statutes; and that my na	s. I further cer er oath; that I a me appears in	tify that the in am an officer n Block 10 or	nformation or director Block 11 if	