## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2005 08:00 AM Secretary of State

DOCUMENT # P0000007935  1. Entity Name YAMABISHI INTERNATIONAL CORPORATION					
11490 NW 39 #102	incipal Place of Business Mailing Address 1490 NW 39 ST 11490 NW 39 ST 102 #102 IAMI, FL 33178 MIAMI, FL 33178				
DO NOT WRITE IN THIS SPACE				03242005 No Chg-P  4. FEI Number 65-1098270  5. Certificate of Status Desire	CR2E034 (10/03)  Applied For Not Applicable
6. Name and Address of Current Registered Agent  GOMEZ, JULIO A 7255 S.W. 82 AVE. MIAMI, FL 33143				DO NOT V	
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  Signature, typed or printed name of registered agent and trife if applycable.  (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D GOMEZ, JULIO A 7255 S.W. 82 AVE. MIAMI, FL 33143 D GOMEZ, MARIA A 7255 S.W. 82 AVE. MIAMI, FL 33143	COLORS		 U00 04/13/	000301309 05-80026-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT '	WRITE
title name street address city-st-zip	and the state of t		<b>=-</b>	IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		, <del></del>	
TITLE NAME STREET ADDRESS 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 of 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: MAKE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Designer Proving					