


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000083906

1. Entity Name
YFA, INCORPORATED



Principal Place of Business
**3442 AMACA CIR.
 ORLANDO, FL 32837**

Mailing Address
**3883 BISCAYNE BLVD
 WINTER SPRINGS, FL 32078**

DO NOT WRITE IN THIS SPACE



05212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3737146

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BELFORD, PETER
 1524 STEFAN COLE LN
 APOPKA, FL 32703**

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANIPOV, YURI
STREET ADDRESS	3883 BISCAYNE DR.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	T
NAME	ANTIPOVA, JULIA
STREET ADDRESS	3883 BISCAYNE DR.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	V
NAME	CHANCE, ROGER
STREET ADDRESS	3883 BISCAYNE DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 06/07/04-80004-022 150.00

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.

SIGNATURE:  **ROGER CHANCE** **5/21/04** **407-310-6182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #