
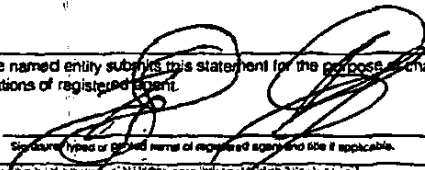
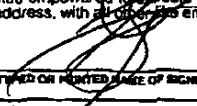


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2004 8:00 am
Secretary of State

4/3

04-30-2004 90309 007 ***150.00

DOCUMENT # P04000004810			
1. Entity Name YELLOW CIRCLE, INC.			
Principal Place of Business 1555 SW 27TH TERRACE FORT LAUDERDALE FL 33312		Mailing Address 1555 SW 27TH TERRACE FORT LAUDERDALE FL 33312	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0507566		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIMBEEK, DANIEL P 621 SOUTH FEDERAL HIGHWAY, SUITE 9 FORT LAUDERDALE FL 33301-3145		7. Name and Address of New Registered Agent Name Kent Grimbeek Street Address (P.O.) 1555 SW 27th Ter City Fort Lauderdale FL Zip Code 33312	
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 		DATE 06/14/2004	
<p>FILE NOW!!! FEES \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check payable to Florida Department of State</p>		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD GRIMBEEK, KENT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1555 SW 27TH TERRACE	NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33312	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD GRIMBEEK, BELINDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1555 SW 27TH TERRACE	NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33312	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 officers empowered.			
SIGNATURE: 		DATE 6/8/04 954-605-4416	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	