

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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FILED
Jun 08, 2006 8:00 am
Secretary of State

04-24-2006 90384 038 ***150.00

DOCUMENT # P05000163908

1. Entity Name
Y & Y AUTO STEREO CORP.



Principal Place of Business
**8301 NW 27TH AVE., SUITE C
 MIAMI, FL 33147**

Mailing Address
**8301 NW 27TH AVE., SUITE C
 MIAMI, FL 33147**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country



04192006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3961827

Applied For
 NOT APPLICABLE

5. Certificate or Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FEBLES, JOSE
 8301 NW 27TH AVE., SUITE C
 MIAMI, FL 33147**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS FEBLES, JOSE 1936 NW 61ST TERRACE MIAMI, FL 33147	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **President** **4/18/06 (786) 287-3101**
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR