


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000091015**  
 1. Entity Name  
**YOVAN'S CORPORATION**



Principal Place of Business      Mailing Address  
**8320 MENTIETH TER.**      **8320 MENTIETH TER.**  
**MIAMI LAKES, FL 33016**      **MIAMI LAKES, FL 33016**

**DO NOT WRITE IN THIS SPACE**



01072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0626411**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**AMARO, TERESA**  
**8320 MENTIETH TER.**  
**MIAMI LAKES, FL 33016**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMARO, FLORENTINO E 8320 MENTIETH TER. MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AMARO, TERESA 8320 MENTIETH TER. MIAMI LAKES, FL 33016
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 01/13/04-80002-001 150.00

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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: **X**       **1-08-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #