

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90047 024 ***150.00

DOCUMENT # P97000088799

1. Entity Name
YENDYS IMPORT & EXPORT, INC.



Principal Place of Business
121 NORTHWEST 4 AVE
DANIA, FL 33004

Mailing Address
121 NORTHWEST 4 AVE
DANIA, FL 33004

94060697



2. Principal Place of Business
3741 Riverside Dr

3. Mailing Address
3741 Riverside Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C

C

03262004

Chg-P

CR2E034 (10/03)

City & State
Coral Springs FL

City & State
Coral Springs FL

4. FEI Number
65-0827319

Applied For

Not Applicable

Zip
33065

Country

Zip
33065

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOAMORAL, LEVI R
121 NW 4TH AVE
DANIA, FL 33004

Name

Street Address (P.O. Box Number is Not Acceptable)

3741 Riverside Dr

City

Coral Springs

FL

Zip Code

33065

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 reinitialing)

DATE

3/26/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FERNANDES, SIDNEY M
STREET ADDRESS 121 NORTHWEST 4 AVE
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DOAMARAL, LEVI R
STREET ADDRESS 121 NORTHWEST 4 AVE
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 or trustee empowered to execute this report as required by Chapter 697, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04 954-345-5539
Date Daytime Phone #