FILED .2004 FOR PROFIT CORPORATION Apr 12, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # S86958** 1. Entity Name YOVAISH CONSTRUCTION SERVICES, INC. Mailing Address Principal Place of Business 1490 GENE STREET 1490 GENE STREET WINTER PARK, FL 32789 WINTER PARK, FL 32789 US No Chg-P CR2E034 (10/03) 04072004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3087835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YOVAISH, DAVID V. 1237 BLUEBERRY CT ALTAMONTE SPRINGS, FL 32714 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000108655 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 04/12/04-80012-005 150.00 10. OFFICERS AND DIRECTORS DPST TITLE YOVAISH, DAVID V NAME STREET ADDRESS 1237 BLUEBERRY CT ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 frustee employeered be 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 a request, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

April 6,2004

407 774-5995