

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000025036**

1. Entity Name  
Y3K, INC.



Principal Place of Business

7400 S.W. 50 TERRACE  
SUITE 200  
MIAMI, FL 33155

Mailing Address

7400 S.W. 50 TERRACE  
SUITE 200  
MIAMI, FL 33155



03112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0999266

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CARMONA, BENITO A  
7400 S.W. 50TH TERRACE  
SUITE 200  
MIAMI, FL 33155

**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 reinstating)

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

04/14/04-80052-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SANCHEZ, GIL GARCIA
STREET ADDRESS	7400 SW 50TH TERRACE SUITE 200
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VPD
NAME	SANCHEZ, JULIAN GARCIA
STREET ADDRESS	7400 SW 50TH TERRACE SUITE 200
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	CARMONA, BENITO A
STREET ADDRESS	7400 SW 50TH TERRACE SUITE 200
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/04 (305) 244-3508