2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000080540

YES.LINE INTERNATIONAL CORP.



FILED May 05, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

19784 EAST COUNTRY CLUB DRIVE MIAMI, FL 33180

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DO NOT WRITE IN THIS SPACE

02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0841197

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YESIL, KADRIYE INCI 1020 NW 163RD DRIVE

YESIL, SEMA

MIAMI, FL 33169

1020 NW, 163RD DRIVE

NAME

TITLE NAME

TITLE NAME

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE

MIAMI, FL 33169			IN THIS SPACE		
	named entity submits this statement for the priors of registered agent.	urpose of changing its regist	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register			ered Agent signature	e required when reinstating)	DĀTE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YESIL, KADRIYE INCI 1020 NW, 163RD DRIVE MIAMI, FL 33169				
TITLE	D				

1100000363355 05/05/05-80157-004 150.00

STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #