

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 406385

1. Entity Name
YMC SERVICES, INC.



Principal Place of Business
9800 PREMIER PKWY
HOLLYWOOD, FL 33025 US

Mailing Address
9800 PREMIER PKWY
MIRAMAR, FL 33025 US



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1411328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YURGEALITIS, JOHN P
9800 PREMIER PKWY
HOLLYWOOD, FL 33025

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YURGEALITIS, JOHN P
STREET ADDRESS 14800 LEWIS RD
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE VTD
NAME MARTINEZ, MANUEL R
STREET ADDRESS 3425 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD
NAME CANTILLO, ABELARDO M
STREET ADDRESS 4032 E RIDGEVIEW DR
CITY-ST-ZIP DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000797905
01/30/08-80007-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Manuel R. Martinez 1/22/08 (954) 364-0085