

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 452802
 1. Entity Name
YELLOW STRAWBERRY INVESTMENT COMPANY



Principal Place of Business Mailing Address
 1007 E. LAS OLAS BLVD. 1007 E. LAS OLAS BLVD.
 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

SAME AS ABOVE



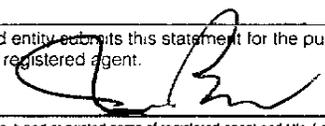
MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
 CLAYTON, WILLIAM R ESQ.
 1007 E LAS OLAS BLVD
 FORT LAUDERDALE FL 33301

4. FEI Number **59-1534207** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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  *President* DATE **1/20/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

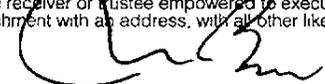
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BRIGGS, JESSE	1007 E. LAS OLAS BLVD	FORT LAUDERDALE FL	<input type="checkbox"/>
D	BRIGGS, BLANCA F.	1007 E. LAS OLAS BLVD	FORT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 01/23/04-80064-003 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **1/20/04** Daytime Phone # **954-463-4343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date