2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 546927

Entity Name

Y. A. C. EQUIPMENT AND MACHINERY CO.



FILED Feb 16, 2005 08:00 AM Secretary of State

Principal Place of Business

3074 N W 23 TERRACE MIAMI, FL 33142-7094 US Mailing Address

3074 N W 23 TERRACE MIAMI, FL 33142-7094 US



01252005	No Chg-P	CR2E034 (10/03)	

DO	NOT	WRITE	IN THIS	SPACE

4. FEI Number Applied For S9-1772950 Not Applied For Not Applied For Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IRIQUE

ONOT WRITE

CASTRO, ENRIQUE 1815 FAIRHAVEN PLACE MIAMI, FL 33133 _

DO NOT WRITE IN THIS SPACE

the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000230917 Trust Fund Contribution. Added to Fees 02/16/05-80009-018 150.00 10. OFFICERS AND DIRECTORS TITLE CASTRO, ENRIQUE NAME 1815 FAIRHAVEN PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 TITLE VS CASTRO-SMITH, YIRIS NAME STREET ADDRESS 3074 NW 23 TERR. CITY-ST-ZIP MIAMI, FL 33142 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

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.

SIGNAT	URE:
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #