## FOR Y

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F06000003666

1. Entity Name
YS GARMENTS, INC.



FILED Aug 17, 2007 08:00 A Secretary of State

Principal Place of Business

3128 E HARCOURT ST RANCHO DOMINGUEZ, CA 90221 Mailing Address

3128 E HARCOURT ST RANCHO DOMINGUEZ, CA 90221



07052007

No Chg-P

CR2E034 (11/05)

Fee Required

4.	FEI Number			Applied For
	20-0303999			Not Applicable
5.	Certificate of Status Desired	\$ 8.7	5	Additional

6. Name and Address of Current Registered Agent

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301				DO NOT WRITE IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its regist	tered office or re	gistered agent, or both	n, in the State of Florida. I am familiar with, and accept		
SIGNATURE				I Agent signature required when reinstating) DATE			
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.  IIILE NAME STREET ADDRESS CHY-ST-ZIP  IIILE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRE  CVDP SIMSOLO, YOSEF 3128 E HARCOURT ST RANCHO DOMINGUEZ, CA 90221  VST SIMSOLO, YOSEF 3128 E HARCOURT ST RANCHO DOMINGUEZ, CA 90221	CTORS			U00000772230 08/17/07-80004-010 558.75		
TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP		-		DO NOT WRITE IN THIS SPACE			
HILE NAME SIREEI ADDRESS CHY-SI-ZIP TILL NAME SIREEI ADDRESS CHY-SI-ZIP							

12. Thereby certify that the information supplied with this filling 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 4 with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTE

PRINTED NAME OF SIGNING OFFICER OR DIRECT

t. Seagnan. lh

2607

310 631 4955

Davlime Phone #