


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90032 045 ***150.00

DOCUMENT # G02117 1. Entity Name YRA-MAR INDUSTRIES, INC.					
Principal Place of Business % ANTONIO ARGIZ 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131			Mailing Address % ANTONIO ARGIZ 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2255808	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ARGIZ, ANTONIO I % ANTONIO ARGIZ 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IRAUSQUIN, JESUS 2121 N BAYSHORE DR., 619 MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Irausquin, Jesus 2121 N. Bayshore Dr., 619 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRAUSQUIN, HAROLD 2121 N BAYSHORE DR., 619 MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Irausquin, Harold 2121 N. Bayshore Dr., 619 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Irausquin</i></u> PRESIDENT			1/18/05 (301) 4965270		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



01182005 Chg-P CR2E034 (10/03)