
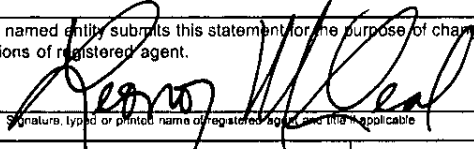
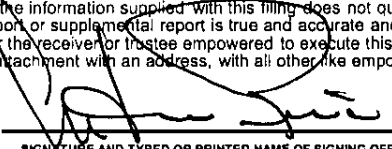


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G81823 1. Entity Name YORK INDUSTRIES INC.					
Principal Place of Business 7240 S.W. 131 STREET MIAMI, FL 33156			Mailing Address 7240 S.W. 131 STREET MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 8100 SW 138 ST. Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 59-2496848	
Zip 33156		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAZ G. 7240 SW 131ST ST. SUITE 228 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name LEONOR LEAL Street Address (P.O. Box Number is Not Acceptable) 2350 SW 22 ST. SUITE, 202 City MIAMI FL 33145	
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  LEONOR M LEAL 4/30/12 <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 \$550.00 Due by September 28, 2012		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		REMITTED BY MAY 1	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAZ, GUILLERMO R. 7240 S.W. 131 ST. MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENA, ARTURO P. 8100 SW 138TH ST. MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700235247327 05/17/12--01018--019 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MAY 17 2012 A. DUNLAP	
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: 			CONSTRUCTION - OUT @ 4/30/12 COMCAST.NET		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		
E-MAIL ADDRESS			E-MAIL ADDRESS		