

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90040 003 ***150.00

DOCUMENT # H65895

1. Entity Name
YOUCHAK & YOUCHAK, INC.



Principal Place of Business
**191 BRADLEY PLACE
PALM BEACH FL 33480
US**

Mailing Address
**191 BRADLEY PLACE
PALM BEACH FL 33480
US**

00001012



2. Principal Place of Business - No P.O. Box #

203 ROYAL POINCIANA WAY

3. Mailing Address

203 ROYAL POINCIANA WAY, Ste A

Suite, Apt. #, etc.

PALM BEACH Ste A

Suite, Apt. #, etc.

PALM BEACH

City & State

FL

City & State

FL

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2567376**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YOUCHAK, TOM M.
191 BRADLEY PLACE
PALM BEACH FL 33480**

**203 ROYAL
POINCIANA WAY
Ste A**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
**PD
YOUCHAK, THOMAS M.
191 BRADLEY PLACE
PALM BEACH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
YOUCHAK, MICHAEL T
191 BRADLEY PLACE
PALM BEACH FL 33480**

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
203 ROYAL POINCIANA WAY, #A

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ditto

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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07

Date

Daytime Phone #

561-832-3800