

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002388

Entity Name: YESS NETWORK LTD. CO.

FILED
Jul 22, 2007
Secretary of State

Current Principal Place of Business:

4318 W. BROWARD BLVD
PLANTATION, FL 33317 US

New Principal Place of Business:

5040 SW 13ST
NORTH LAUDERDALE, FL 33068 US

Current Mailing Address:

PO BOX 121071
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

PO BOX 590896
FORT LAUDERDALE, FL 33359 US

FEI Number: 20-0565024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERRE LOUIS, STEVENS
5040 SW 13TH STREET
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIERRE LOUIS, STEVENS
Address: 5040 SW 13TH ST
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: MGR () Delete
Name: JEANESTAL, MARIE R
Address: 5040 SW 13TH ST
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVENS PIERRE LOUIS

MGR

07/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date