

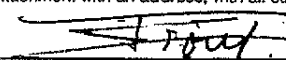


FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L95350				Secretary of State	
1. Entity Name YUCCA, INC.					
Principal Place of Business 101 4TH AVE. SW RUSKIN, FL 33570		Mailing Address 101 4TH AVE. SW RUSKIN, FL 33570			
DO NOT WRITE IN THIS SPACE					
		01312005 No Chg-P CR2E034 (10/03)			
		4. FEI Number 59-3035095		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, STEPHEN H 400 N. TAMPA STREET SUITE 2300 TAMPA, FL 33602		DO NOT WRITE IN THIS SPACE			
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TORT, JC 101 4TH AVE SW RUSKIN, FL 33570	<div>U000000216325</div> <div>02/05/05-80045-003 150.00</div> DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TORT, ERIC C 328 24TH AVE SW RUSKIN, FL 33570				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  JC Tort President		1/31/05		813-645-9527	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	