


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90315 027 ***150.00

DOCUMENT # L97580

1. Entity Name
ONLY YESTERDAY ANTIQUE MARKET, INC.
FAUSTINA PACE ANTIQUES, INC.




Principal Place of Business Mailing Address
 6333 SW 69 ST 6333 SW 69 ST
 MIAMI, FL 33143 MIAMI, FL 33143

2. Principal Place of Business 3. Mailing Address
3633 S Dixie Hwy *1885 Wakeena Dr.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
West Palm Beach, FL *COCONUT GROVE, FL*
 Zip Country Zip Country
33405 *33133* *33133*

50044124



04182005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
PACE, FAUSTINA
6333 SW 69TH ST
MIAMI, FL 33143

4. FEI Number Applied For
59-3031843 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: *Faustina Pace* DATE: *4-18-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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	<input type="checkbox"/> Delete
D	PACE, FAUSTINA	6333 SW 69TH ST	MIAMI, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	FAUSTINA PACE	1885 WAKEENA DR.	COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Faustina Pace* Date: *4-18-05* Daytime Phone #: *305 495 0784*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR