2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M23438

1. Entity Name

YANES SECURITY & INVESTIGATIVE SERVICES, INC.



FILED Feb 08, 2008 08:00 AN Secretary of State

TANLO		E SENVICES, INC.		7			
Principal Plac	e of Business	Mailing Address					
782 N.W. LEJEUNE ROAD., STE 350 MIAMI FL 33126 US		POST OFFICE BOX 145486 CORAL GABLES FL 33114 US					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite. Apt. #, etc.		1st	1st MOORE CR2E034 (10/07)		
City & State		City & State		4. FEI Numbe	4. FEI Number 59-2606719 Applied For Not Applicable		
Zıp	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Ad	dditional
	6. Name and Address of Currer	nt Registered Agent		7. Name and	Address of New Registere	d Agent	
			Name				
YANES, JAVIER 782 N.W. LEJEUNE ROAD., ST MIAMI FL 33126		Street		ress (P.O. Box Number is Not Acceptable)			
			City		F	L Zip Co	de
	named entity submits this statement lions of registered agent.	for the purpose of changing its	registered office or reg	istered agent, or bot	n, in the State of Florida. Ta	m familiar with	n, and accept
SIGNATURE .	Signature, typed or printed name of registered nae	et and the Tumpicacle. (NOTE	E Registered Agent eighblum re	quired when reinstatir gi	DAT	<u> </u>	
Áfter	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be S550.0 k Payable to Florida Department	10 [[] [] [] []			Election Campaign Fina Trust Fund Contribution		5.00 May Be ded to Fees
Áfter	May 1, 2008 Fee Will Be \$550.0	of State	11.	ADDITIONS/	_	Add	ded to Fees
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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 hy signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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 impowered.

STREET ADDRESS

CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAVIER TANKS

305-461-520 Daytono Phone #