

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # m23438
1. Entity Name
Yanes Security & Investigative Services Inc.



FILED

11 JUL 18 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700207334767
07/15/11--01030--001 **400.00

CR2E034B (1/11)

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2. Principal Place of Business - No P.O. Box #
782 NW LeJeune Rd
Suite, Apt. #, etc.
Suite 350
City & State
Miami, FL
Zip
33126 Country
USA

3. Mailing Address
PO Box 145486
Suite, Apt. #, etc.
City & State
Miami, FL
Zip
33114 Country
USA

4. FEI Number
59-2606719 Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
JAVIER YANES
Street Address (P.O. Box Number is Not Acceptable)
782 NW LeJeune Rd, Suite 350
City
Miami FL Zip Code
33126

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE Registered Agent signature required when re-instating)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

E-mail Address:
JDYANES@AOL.COM
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	<u>AV, T, S, D, C, M, RA (ALL POSITIONS)</u>
NAME	<u>JAVIER YANES</u>
STREET ADDRESS	<u>782 NW LeJeune Rd Ste 350</u>
CITY-ST-ZIP	<u>Miami FL 33126</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

700207334767
05/09/11--01004--022 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ DATE: 5/12/11 305-461-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #