


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90049 038 ***150.00

DOCUMENT # M84023	
1. Entity Name YAKKO, INC.	

Principal Place of Business 2631 W 77TH PLACE HIALEAH, FL 33016	Mailing Address 2631 W 77TH PLACE HIALEAH, FL 33016
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2. Principal Place of Business 6305 GAGE PLACE	3. Mailing Address 6305 GAGE PLACE
Suite, Apt. #, etc. SUITE 303A	Suite, Apt. #, etc. SUITE 303A

City & State MIAMI LAKES FLORIDA	City & State MIAMI LAKES FL
Zip 33014-2323	Zip 33014-2323
Country U.S.A.	Country U.S.A.

40044699



03252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent ABEL, JAKO 6305 GAGE PLACE APT. 303A MIAMI LAKES, FL 33014	
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4. FEI Number 65-0060479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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: <i>[Signature]</i> PRES.	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP ABEL, JAKO 6305 GAGE PLACE, #303A MIAMI LAKES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ABEL, SAIMA 6305 GAGE PLACE, #303A MIAMI LAKES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> PRES.	Date 3-30-05 Daytime Phone # 305-823-7488