


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001981	
1. Entity Name OPERATION Y.E.S., INC.	

Principal Place of Business 101 SW REDLAND RD HOMESTEAD, FL 33034	Mailing Address OPERATION: YES, INC. PO BOX 900995 HOMESTEAD, FL 33090-0995
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04122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1095855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FEINMAN, STEVEN A ESQ.
8530 STATE ROAD 84
DAVIE, FL 33324

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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** _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000112602 04/14/04-80029-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE P	NAME JOHNSON, ZANEROS L
STREET ADDRESS 5840 SW 14TH ST	CITY-ST-ZIP WEST MIAMI, FL 33144
TITLE SD	NAME JOHNSON, BEVERLY A
STREET ADDRESS 5840 SW 14TH ST	CITY-ST-ZIP WEST MIAMI, FL 33144
TITLE VT	NAME MUNIZ, NEIL A
STREET ADDRESS 2203 SE 26TH LANE	CITY-ST-ZIP HOMESTEAD, FL 33035
TITLE D	NAME REED, LOUIS C
STREET ADDRESS 3231 N.W. 191 ST	CITY-ST-ZIP OPA LOCKA, FL 33056
TITLE D	NAME AVILES, EMILIO III
STREET ADDRESS 29660 SW 166TH COURT	CITY-ST-ZIP HOMESTEAD, FL 33033
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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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 617, 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: Zaner L. Johnson **DATE:** 12 April 04 **Daytime Phone #** 305-812-8849