


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000000837 1. Entity Name FIVE YUPPIE INVESTORS, INC.	
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Principal Place of Business 3733 TAMiami TRAIL NORTH NAPLES, FL 34103	Mailing Address 3733 TAMiami TRAIL NORTH NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3617550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DECKER, PATRICIA A 3733 TAMiami TRAIL NORTH NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLANERA, CAROL 488 W. 15TH PLACE CHICAGO HTS., IL 60411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WEINTRAUB, GARY A 465 CENTRAL AVE STE 100 WINNETKA, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAVROS, ALFRED D 433 N MILWAUKEE AVENUE WHEELING, IL 60090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/05-80061-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PRESIDENT	1/20/05 847-520-4810 Daytime Phone #
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