

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000013603

1. Entity Name
YANET TERRA CORP.



Principal Place of Business
3804 NW 12 AVE
MIAMI, FL 33127 US

Mailing Address
305 N.W. 136 CT
MIAMI, FL 33182

FILED
05 MAY -3 AM 10: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022005 No Chg-P CR2E034 (10/03) 05

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3606798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAO, BIENVENIDO
120 N.W. 36TH ST
MIAMI, FL 33127

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHAO, BIENVENIDO 120 N.W. 36TH ST MIAMI, FL 33127
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05/17/05--01028--009 **900.00

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #