
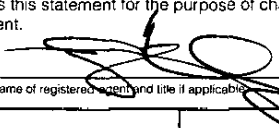
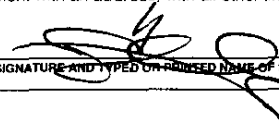


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90346 028 \*\*\*150.00

<b>DOCUMENT # P00000052538</b> 1. Entity Name <b>YVETTE DESIGNS, INC.</b>					
Principal Place of Business <b>200 BREVARD AVE STE 103 COCOA, FL 32922</b>			Mailing Address <b>200 BREVARD AVE STE 103 COCOA, FL 32922</b>		
2. Principal Place of Business <b>5505 N. Atlantic Ave.</b>		3. Mailing Address <b>5505 N. Atlantic Ave.</b>			
Suite, Apt. #, etc. <b>Ste. 108</b>		Suite, Apt. #, etc. <b>Ste. 108</b>			
City & State <b>Cocoa Bch., FL</b>		City & State <b>Cocoa Bch., FL</b>		4. FEI Number <b>59-3653750</b>	
Zip <b>32931</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SALAMONE, TRACY Y 200 BREVARD AVE STE 103 COCOA, FL 32922</b>			7. Name and Address of New Registered Agent Name <b>SALAMONE, TRACY Y.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5505 N. Atlantic Ave., Ste. 108</b> City <b>Cocoa Beach</b> <b>FL</b> Zip Code <b>32931</b>		
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 <b>4-14-04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SALAMONE, TRACY Y <del>200 BREVARD AVE STE 103</del> <del>COCOA, FL 32922</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5505 N. Atlantic Ave., #108 Cocoa Bch., FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SALAMONE, PLACIDO <del>200 BREVARD AVE STE 103</del> <del>COCOA, FL 32922</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5505 N. Atlantic Ave., #108 Cocoa Bch., FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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:  <b>TRACY Y. SALAMONE</b> <b>4.14.04</b> <b>321.784.8868</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

24041110



04132004 Chg-P CR2E034 (10/03)