## 2004 FOR PROFIT CORPORATION \_ANNUAL\_REPORT

## Aug 02, 2004 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P00000069516** 1. Entity Name YI'S CORPORATION Principal Place of Business Mailing Address 750 N. NARCOOSSEE RD 750 N. NARCOOSSEE RD ST. CLOUD, FL 34771 ST. CLOUD, FL 34771 07142004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3662324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent YI, ROBERT M DO NOT WRITE 750 N. NARCOOSSEE RD ST. CLOUD, FL 34771 IN THIS SPACE 8. The above named entity submits this statement for the purpose of chariging 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 Speakure, hoped or printed name at registered again and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ME YI, ROBERT M **SMA**M 750 N. NARCOOSSEE RD STREET ADDRESS CRY-ST-ZIP ST. CLOUD, FL 34771 2121.2 NAME STREET ADDRESS CITY-ST-ZIP TERF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP TIRLE NAME STREET ADDRESS CSTY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath; 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 Black 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**