


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000009594</b>	
1. Entity Name <b>YAGMIN ENTERPRISES, INC.</b>	

Principal Place of Business <b>4649 32 AVE N ST PETERSBURG, FL 33713</b>	Mailing Address <b>4649 32 AVE N ST PETERSBURG, FL 33713</b>
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3695043</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>YAGMIN, GERALD W 4649 32 AVE N ST PETERSBURG, FL 33713</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YAGMIN, GERALD W 4649 32ND AVENUE NORTH ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YAGMIN, SUANNE K 4649 32ND AVENUE NORTH ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YAGMIN, MICHAEL F 7956 2ND AVENUE SOUTH SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000013673  
01/26/04-80063-011 150.00

**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:** Suanne K. Yagmin, Sec 1/23/04 727-526-5622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #