

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91248 010 ***150.00

DOCUMENT # P01000048658 1. Entity Name YUKANTAKITWITHYA, INC.													
Principal Place of Business 4530 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308				Mailing Address 4530 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308									
2. Principal Place of Business 2787 E OAKLAND PK BLV Suite, Apt. #, etc. 405 City & State FORT LAUDERDALE FL Zip 33306				3. Mailing Address 2787 E OAKLAND PK BLV Suite, Apt. #, etc. 405 City & State FORT LAUDERDALE FL Zip 33306									
4. FEI Number 65-1118322				Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02032004 Chg-P CR2E034 (10/03)									
6. Name and Address of Current Registered Agent COBB, ROBERT E 4530 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name GORDON FRENCH Street Address (P.O. Box Number is Not Acceptable) 2787 E OAKLAND PK BLV SUITE 405 City FORT LAUDERDALE FL Zip Code 33306									
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  GORDON FRENCH DATE 2-4-04 <small>(NOTE: Registered Agent Signature required when reinstating)</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSD W. SINCLAIR ALLEN 4530 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD W. SINCLAIR ALLEN 4530 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSD W. SINCLAIR ALLEN 2787 E OAKLAND PK BLV, 405 FORT LAUDERDALE FL 33306 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD W. SINCLAIR ALLEN 2787 E OAKLAND PK BLV, 405 FORT LAUDERDALE FL 33306		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  BILL ALLEN DATE 2-4-04 DAYTIME PHONE # 954-566-3166 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>													