

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90005 036 \*\*\*150.00

<b>DOCUMENT # P01000056965</b>					
<b>1. Entity Name</b> <b>Y &amp; C INVESTMENT, CORP.</b>					
<b>Principal Place of Business</b> 2100 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134			<b>Mailing Address</b> 2100 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business</b> 7925 NW 12 ST Suite, Apt. #, etc. <b>SUITE 407</b> City & State <b>MIAMI FL</b> Zip <b>33126</b> Country <b>USA</b>		<b>3. Mailing Address</b> 7925 NW 12 ST Suite, Apt. #, etc. <b>SUITE 407</b> City & State <b>MIAMI FL</b> Zip <b>33126</b> Country <b>USA</b>			
<b>4. FEI Number</b> <b>65-1110713</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> VILLANUEVA, CARLOS J ESQ 2100 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name <b>TAX MANAGEMENT SERVICES CORP</b> Street Address (P.O. Box Number is Not Acceptable) <b>7925 NW 12 ST</b> <b>SUITE 407</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>		
<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.</b> SIGNATURE _____ DATE _____ <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</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input type="checkbox"/> Delete <b>CARDONA, MARTHA C</b> <b>2965 NW 92ND AVENUE</b> <b>CORAL SPRINGS, FL 33065</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CARDONA, MARTHA C</b> <b>7925 NW 12 ST STE 407</b> <b>MIAMI, FL. 33126</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>VILLANUEVA, CARLOS J</b> <b>2100 PONCE DE LEON BLVD.#600</b> <b>CORAL GABLES, FL 33134</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Martha P de F</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-18-04</b> <small>Date</small>		<b>305 989 2579</b> <small>Daytime Phone #</small>