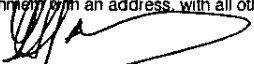


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90261 003 ***150.00

DOCUMENT # P01000067520 1. Entity Name YOHA & SALVA, CORP.					
Principal Place of Business 2117 W CORDELIA ST TAMPA, FL 33607			Mailing Address 2117 W CORDELIA ST TAMPA, FL 33607		
2. Principal Place of Business 7717 Bristol Park Dr.		3. Mailing Address 7717 Bristol Park Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Apollo Beach, FL		City & State Apollo Beach, FL		4. FEI Number 65-1134992	
Zip 33572		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOO, JUAN J 7118 STIRLING ROAD DAVIE, FL 33024			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANTIGOSA-MARQUEZ, SALVADOR 2117 W CORDELIA ST TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	7717 Bristol Park Dr. Apollo Beach, FL 33572	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARRERA-LLANES, YOHANIS 2117 W CORDELIA ST TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	7717 Bristol Park Dr. Apollo Beach, FL 33572	
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	
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	
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:  YOHANIS CARRERA			04/21/04 (813) 671-0986		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		