

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90008 047 ***150.00

DOCUMENT # P01000077691

1. Entity Name

DIANA YAKOWEC P.A.



Principal Place of Business

7050 NW 44TH ST.
SUITE 107
LAUDERHILL FL 33319

Mailing Address

7050 NW 44TH ST.
SUITE 107
LAUDERHILL FL 33319

2. Principal Place of Business

452 CONSERVATION DRIVE

Suite, Apt. #, etc.

3. Mailing Address

452 CONSERVATION DRIVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

WESTON FL 33

City & State

WESTON FL

4. FEI Number

65-1130507

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

452 CONSERVATION DRIVE

City

WESTON

FL

Zip Code

33327

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME YAKOWEC, DIANA
STREET ADDRESS 7050 NW 44TH ST.
CITY-ST-ZIP LAUDERHILL FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS 452 CONSERVATION DRIVE
CITY-ST-ZIP WESTON FL 33327

☐ Change

☐ Addition

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☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/04

954 270-5158