

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000078021

1. Entity Name
YORK INC.



Principal Place of Business
**780 NW LEJEUNE RD STE 423
MIAMI, FL 33126**

Mailing Address
**780 NW LEJEUNE RD STE 423
MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
33-1039130

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMADOR, CARMEN G
780 NW LEJEUNE RD STE 423
MIAMI, FL 33126**

**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

U000000126926

04/23/04-80053-009 150.00

U000000126926

04/23/04-80053-010 8.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
JUGO, GERARDO
C/O 780 NW LEJEONE RD #423
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
MUCHACHO, JOSE JESUS
1450 BRICKELLBAY DR., #810
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 life empowered.

SIGNATURE: *Gerardo Jugo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04 305-441-1544
Date Daytime Phone #