

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90034 003 ***150.00

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04122004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000090950			
1. Entity Name YAMDD CORPORATION			
Principal Place of Business 1013 S. HIAWASEE RD. #3624 KISSIMMEE, FL 34743		Mailing Address 1013 S. HIAWASEE RD. #3624 KISSIMMEE, FL 34743	
2. Principal Place of Business 2421 Black powder LN		3. Mailing Address 2421 Black powder LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE, FL		City & State KISSIMMEE FL	
Zip 34743	Country	Zip 34743	Country
6. Name and Address of Current Registered Agent LOZANO, MAXIMILIANO 2421 BLACK POWER LANE KISSIMMEE, FL 34743 <i>Powder</i>		7. Name and Address of New Registered Agent Name MAXIMILIANO LOZANO Street Address (P.O. Box Number is Not Acceptable) 2421 Black powder LN City KISSIMMEE FL Zip Code 34743	
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 <i>[Signature]</i> DATE 4/16/4 <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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOZANO, MAXIMILIANO 2421 BLACK POWER LANE KISSIMMEE, FL 34743 <i>Powder</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/16/4 Daytime Phone #: 407-3550310	