


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000111155 1. Entity Name YOUSRI, INC.	
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Principal Place of Business 8201 NW 17 AVE MIAMI, FL 33147	Mailing Address 8201 NW 17 AVE MIAMI, FL 33147
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**DO NOT WRITE IN THIS SPACE**



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1154586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HIRBAWI, ABEER ALYAN  
8201 NW 17 AVE  
MIAMI, FL 33147

**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

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS HIRBAWI, ABEER ALYAN 505 NW 108 TERRACE PEMBROKE PINES, FL 33026
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000000345518  
04/30/05-80038-025 150.00

**DO NOT WRITE  
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)(f), 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 my address, with all other like empowered.

SIGNATURE:  HIRBAWI, ABEER ALYAN PTVS Date: 4/26/05 Daytime Phone #