

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90043 003 ***150.00

DOCUMENT # P02000014035

1. Entity Name
YEMIN BROTHERS II INC.



Principal Place of Business
1925 N.E. 214 TERRACE
NORTH MIAMI BEACH, FL 33179

Mailing Address
1925 N.E. 214 TERRACE
NORTH MIAMI BEACH, FL 33179

18911 COLLINS AVE # 2104
Sunny Isl Bch, FL 33160

2. Principal Place of Business
18911 COLLINS AVE
Suite, Apt. #, etc.
2104

3. Mailing Address
18911 COLLINS AVE
Suite, Apt. #, etc.
2104



01302004 Chg-P CR2E034 (10/03)

City & State
SUNNY ISLES BEACH, FL

City & State
SUNNY ISLES BEACH, FL

4. FEI Number
37-1423755
Applied For
Not Applicable

Zip
33160
Country
US

Zip
33160
Country
US

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

6. Name and Address of Current Registered Agent

YEMIN, TOVA
1925 N.E. 214 TERRACE
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
18911 COLLINS AVE # 2104
City
SUNNY ISLES BEACH FL Zip Code
33160

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/04

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | YEMIN, TOVA | |
| STREET ADDRESS | 1925 N.E. 214 TERRACE | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33179 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | YEMIN, MOSHE | |
| STREET ADDRESS | 1925 N.E. 214 TERRACE | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33179 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 18911 COLLINS AVE # 2104 | |
| STREET ADDRESS | SUNNY ISLES BEACH, FL 33160 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 18911 COLLINS AVE # 2104 | |
| STREET ADDRESS | SUNNY ISLES BEACH, FL 33160 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

Date

301-692-7766

Daytime Phone #