


**2003 FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91835 009 \*\*\*150.00

**DOCUMENT # P02000022415**

1. Entity Name  
**YANEXEIS CORP.**



Principal Place of Business  
9643 NW 33RD STREET  
MIAMI, FL 33172

Mailing Address  
9643 NW 33RD STREET  
MIAMI, FL 33172



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
*18520 NW 67 Ave*  
Suite, Apt. #, etc.  
*165*  
City & State  
*MIAMI, FL*

3. Mailing Address  
*18520 NW 67 Ave*  
Suite, Apt. #, etc.  
*165*  
City & State  
*MIAMI, FL*

Zip  
*33015* Country  
*USA.*

Zip  
*33015* Country  
*USA.*

4. FEI Number  
*02-0558126*

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
SEGREDO, ARNOLD A  
9643 NW 33RD STREET  
MIAMI, FL 33172

7. Name and Address of New Registered Agent  
Name  
*Alexeis Diaz*  
Street Address (P.O. Box Number is Not Acceptable)  
*18520 NW 67 Ave #165*  
City  
*Miami* FL Zip Code  
*33015*

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 *Alexeis Diaz President* (NOTE: Registered agent signature required when appointing)  
DATE *4/29/03*

FILE NOW!! FEE IS \$45.00  
After May 1, 2003 Fee will be \$50.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P DIAZ, Alexeis 20031 NW 63 Ct. MIAMI, FL. 33015.</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P DIAZ, Alexeis 20031 NW 63 Ct. MIAMI, FL 33015.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alexeis Diaz* DATE *4/29/03* (305) 625-6431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (10/02)