

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2004 90043 033 ***150.00

DOCUMENT # P02000024376					
1. Entity Name YJA ENTERPRISES, INC.					
Principal Place of Business 7804 SW 102 LANE MIAMI, FL 33156			Mailing Address 7804 SW 102 LANE MIAMI, FL 33156		
2. Principal Place of Business 9021 SW 103 Ave		3. Mailing Address 9021 SW 103 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162004 Chg-P CR2E034 (10/03)	
City & State Miami FL		City & State Miami FL		4. FEI Number 03-0398301	
Zip 33176		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVARE, YIZENIA 7804 SW 102 LANE MIAMI, FL 33156			7. Name and Address of New Registered Agent		
			Name Yizenia Alvarez		
			Street Address (P.O. Box Number is Not Acceptable) 9021 SW 103 Ave		
			City Miami FL FL Zip Code 33176		
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>Yizenia Alvarez</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME ALVARE, YIZENIA STREET ADDRESS 7804 SW 102 LANE CITY-ST-ZIP MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE PD NAME Alvarez, Yizenia STREET ADDRESS 9021 SW 103 Ave CITY-ST-ZIP Miami FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ALVARE, JESUS JR STREET ADDRESS 8262 SW 44 ST CITY-ST-ZIP MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE VD NAME ALVARE, JESUS JR STREET ADDRESS 8262 SW 44 ST CITY-ST-ZIP MIAMI, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ALVARE, JESUS SR STREET ADDRESS 7804 SW 102 LANE CITY-ST-ZIP MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE SD NAME Alvarez, Jesus SR STREET ADDRESS 9021 SW 103 Ave CITY-ST-ZIP Miami FL, 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>Yizenia Alvarez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: Daytime Phone #:					