


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000024376		
1. Entity Name YJA ENTERPRISES, INC.		
Principal Place of Business 9021 SW 103 AVE. MIAMI, FL 33176	Mailing Address 9021 SW 103 AVE. MIAMI, FL 33176	

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DO NOT WRITE IN THIS SPACE

03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0398301	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 ALVARE, YIZENIA 9021 SW 103 AVE. MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000260320 03/12/05-80020-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVARE, YIZENIA 9021 SW 103 AVE. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVARE, JESUS JR 8262 SW 44 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVARE, JESUS SR 9021 SW 103 AVE. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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: Yizenia Alvare 3/9/05 305-525-3148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #