


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000062403**  
 1. Entity Name  
**YORKSHIRE HOUSE INTERIORS, INC.**



Principal Place of Business      Mailing Address  
**168 NW 1ST STREET**      **168 NW 1ST STREET**  
**DEERFIELD BEACH, FL 33441**      **DEERFIELD BEACH, FL 33441**

**DO NOT WRITE IN THIS SPACE**



07012004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**03-0455189**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEON, SERGIO**  
**6843 NW 14 STREET**  
**PLANTATION, FL 33313**

**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 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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEON, SERGIO 6843 NW 14 ST PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEON, BELKYS 6843 NW 14 ST PLANTATION, FL 33313
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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:** \_\_\_\_\_ **SERGIO LEON PRES.**    9/7-04 954-429-1733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #