

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED

04 MAY 21 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073025  
1. Entity Name  
YASA CORPORATION



Principal Place of Business: 8567 SW 24 ST #283 MIAMI, FL 33155  
Mailing Address: 8567 SW 24 ST #283 MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



05062004 No Chg-P CR2E034 (10/03)

4. FEI Number: 56-2291391  
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
CARMENATY, ANAJANYA  
8567 SW 24 ST #283  
MIAMI, FL 33155

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! - FEE IS \$550.00 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARMENATY, ANAJANYA
STREET ADDRESS	8567 SW 24 ST #283
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800037433438  
05/28/04--01053--012 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

*RS/25*

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]* 4/30/04 (726)395-6810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oaytime Phone #