

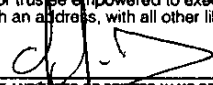


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90398 021 \*\*\*150.00

<b>DOCUMENT # P02000086319</b> 1. Entity Name <b>YEPEZ ADVERTISING, INC.</b>					
Principal Place of Business <b>9280 SW123 CT</b> <b>#403</b> <b>MIAMI, FL 33186 US</b>			Mailing Address <b>9280 SW123 CT</b> <b>#403</b> <b>MIAMI, FL 33186 US</b>		
2. Principal Place of Business <b>818 East River Dr.</b> Suite, Apt. #, etc.			3. Mailing Address <b>818 East River Dr.</b> Suite, Apt. #, etc.		
City & State <b>Tampa, FL</b> Zip <b>33617</b> Country <b>US</b>			City & State <b>Tampa, FL</b> Zip <b>33617</b> Country <b>US</b>		
4. FEI Number <b>48-1273135</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>YEPEZ, FABIAN</b> <b>9280 SW 123 CT</b> <b>#403</b> <b>MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <b>4-26-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>YEPEZ, FABIAN</b> <b>9280 SW 123 CT, #403</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>YEPEZ, FABIAN</b> <b>818 East River Dr</b> <b>Tampa, FL 33617</b>	<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		
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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 exemptions contained in Chapter 119, 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: 			Date <b>4-26-06</b> Daytime Phone # <b>813 453 6801</b>		