2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000086319 1. Entity Name YEPEZ ADVERTISING, INC.									05-01-2006	90398 02	1 ***150	1.00	
Principal Place of Business				Mailing Address					075606				
9280 SW123 CT				9280 9W123 CT				40012000					
#403 MAM, FL 33186 US				#403 MAM, RL 33186 US									
2 Principal Place of Business 818 East Rivar Dr.				3. Mailing Address 818 East RIVE Dr.									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04262006	Chg-P	CR2E03	34 (11/05)		
City & State				City & State				4. FEI Numb	er		Ар	plied For	
Zip Country				Tampa, FL Zip - 26 - Country				48-127	3135			t Applicable	
3361		کن		33617	Cour	<u>ځ</u> ڙ		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of New	Registered A	gent		
YEPEZ, FABIAN													
9280 SW 123 CT #403						Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33186													
ä						City				FL	Zip Code	•	
8. The above	named entit	y submits this stateme	int for the pu	urpose of changing it	s register	ed office or	register	ed agent, or bo	th, in the State of F	Rorida. I am fa	amiliar with,	and accept	
the obligat	ions of regist	eren agent	_							11 06	26		
SIGNATURE 47-26-06													
Signature, typed or plants from of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
After Ma		FEE IS \$150.00 6 Fee will be \$5	50.00	9. Election Campa Trust Fund Cor				00 May Be ed to Fees		= .			
10.	PD	OFFICERS A	AND DIREC		11.				CHANGES TO OF	FICERS AND			
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indicated of the cor	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 cath; that I em an officer or director of the corporation or the receiver or trustee empowered to execute this 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: _

INTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

813 453 6801