

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90024 013 ***150.00

DOCUMENT # P02000123311

1. Entity Name
YMLC CORP.



Principal Place of Business
9273 COLLINS AVENUE
909
SURFSIDE, FL 33154 US

Mailing Address
9273 COLLINS AVENUE
909
SURFSIDE, FL 33154



05132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2105990

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEI, CAROLINA
9273 COLLINS AVENUE
909
SURFSIDE, FL 33154

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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
P.S
LEI, CAROLINA
9273 COLLINS AVENUE, APT. # 909
SURFSIDE, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/05

Date

7862825748

Daytime Phone #

ATTACHMENT

40084488

Florida Department of State, Division of Corporations
Corporations Online
www.sunbiz.org Public Inquiry

Florida Profit

YMLC CORP.

PRINCIPAL ADDRESS

9273 COLLINS AVENUE
909
SURFSIDE FL 33154 US

MAILING ADDRESS

9273 COLLINS AVENUE
909
SURFSIDE FL 33154

Document Number
P02000123311

FEI Number
542105990

Date Filed
11/19/2002

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
LEI, CAROLINA 9273 COLLINS AVENUE # 909 SURFSIDE FL 33154

Officer/Director Detail

Name & Address	Title
LEI, CAROLINA 9273 COLLINS AVENUE, APT. # 909 SURFSIDE FL 33154 US	P,S

Annual Reports

Report Year	Filed Date
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