


5/3

2004 FOR PROFIT CORPORATION
 ANNUAL REPORT

05-03-2004 91025 029 ***150.00

DOCUMENT # P03000017596 Mailing Address # P03000017596 YEFEGU, INC.			
Principal Place of Business 9621 FONTAINEBLEAU BLVD. #508 MIAMI, FL 33172		Mailing Address 9621 FONTAINEBLEAU BLVD. #508 MIAMI, FL 33172	
2. Principal Place of Business 3000 S.W. 68 Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 520581 Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33155		Zip 33152	
Country U.S.A		Country U.S.A	
4. FEI Number 043740941		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, OSCAR J 9621 FONTAINEBLEAU BLVD. #508 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Accepted): _____ City: _____ State: FL 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: <u>Darwin</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Fund Contributors <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUERVO, YENNY 9621 FONTAINEBLEAU BLVD. #508 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000 S.W. 68 Ave MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORENO, OSCAR J 9621 FONTAINEBLEAU BLVD. #508 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000 S.W. 68 Ave MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other file empowered.			
SIGNATURE: <u>Darwin</u>			