


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90056 011 \*\*\*150.00

<b>DOCUMENT # P03000047004</b>	
<b>1. Entity Name</b> YES AUTO, INC.	

<b>Principal Place of Business</b> 5726 FUNSTON ST. HOLLYWOOD FL 33023	<b>Mailing Address</b> 5726 FUNSTON ST. HOLLYWOOD FL 33023
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44030340



MOORE CR2E034 (11/03)

<b>2. Principal Place of Business</b> 5842 Dewey	<b>3. Mailing Address</b> 5842 Dewey St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Hollywood, FL	<b>City &amp; State</b> Hollywood, FL
<b>Zip</b> 33323	<b>Country</b> US
<b>Zip</b> 33323	<b>Country</b> US

<b>4. FEI Number</b> 30-0169752	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

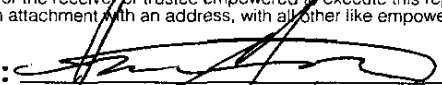
<b>6. Name and Address of Current Registered Agent</b> JOSEPH K. NOFIL, P.A. 3284 NORTH STATE RD. 7 LAUDERDALE LAKES FL 33319
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

<b>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.</b>
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																
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<b>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.</b>
<b>SIGNATURE:</b> 
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>
<b>Date</b> 4/3/2004 (754) 581-1694 <b>Daytime Phone #</b>