

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91062 042 ***150.00

DOCUMENT # P03000065051

1. Entity Name
YO LATINA CLOTHING COMPANY, INC.



Principal Place of Business
4407 MEADOWLAND DR
MT DORA, FL 32757

Mailing Address
18940 US HWY 441 #216
MT DORA, FL 32757

94082659



2. Principal Place of Business

3. Mailing Address

4407 MEADOWLAND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012004

Chg-P

CR2E034 (10/03)

City & State

City & State

MT. DORA, FL

4. FEI Number

20-1069908

Applied For
Not Applicable

Zip

Country

Zip

32757

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARMIENTO, IVAN R
4407 MEADOWLAND DR
MT DORA, FL 32757

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$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
D
SARMIENTO, IVAN R
4407 MEADOWLAND DR
MT DORA, FL 32757 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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SARMIENTO, LESLIE S
4407 MEADOWLAND DR
MT DORA, FL 32757 ☒ Delete

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☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN RICK SARMIENTO

Date

Daytime Phone #

5/1/04

(352) 217-0470