

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90046 019 ***150.00

DOCUMENT # P03000067210 1. Entity Name YANIRAS FASHION INC.			
Principal Place of Business 3468 W. 84TH STREET B-102 HIALEAH FL 33018		Mailing Address 19413 NW 48TH AVE MIAMI FL 33055	
2. Principal Place of Business 19413 NW 48th Ave. S.W. Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 172856 Suite, Apt. #, etc.	
City & State Miami, FL. 33055 Zip 33055		City & State Hialeah, FL. Zip 33017	
Country USA		4. FEI Number 90-0099286	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOMEZ, MARCIAL A 19413 NW 48TH AVENUE MIAMI FL 33055		7. Name and Address of New Registered Agent Name YANIRA I AMPARO Street Address (P.O. Box Number is Not Acceptable) 19413 NW 48th Ave. City Miami FL 33055	
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><i>[Signature]</i></u> PRESIDENT <u><i>[Signature]</i></u> V.P. 4/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-certifying)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME AMPARO, YANIRA STREET ADDRESS 19413 N.W. 48TH AVE. CITY-ST-ZIP MIAMI FL 33055	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME MARCIAL GOMEZ STREET ADDRESS 19413 NW 48th Ave. CITY-ST-ZIP MIAMI, FL. 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME GOMEZ, MARCIAL A STREET ADDRESS 19413 N.W. 48TH AVE. CITY-ST-ZIP MIAMI FL 33055	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT NAME YANIRA I AMPARO STREET ADDRESS 19413 NW 48th Ave. CITY-ST-ZIP MIAMI, FL. 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.			
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/4/04 (305) 525-5751 <small>Date Daytime Phone #</small>	