## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2004 8:00 am Secretary of State

1. Entity Name YESTERDAY'S FAVORITES INC.					04-21-200-	4 90015 021 **	*150.00	
	ce of Business	Mailing Address				EAnn	Maa	
4207 DARLII   Holiday, Fl		4207 DARLINGTON HOLIDAY, FL 34691				2403	7608	
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Principal Place of Business								
Ye Sterday's Favovites Inc		Yesterdays Favorites Inc.			BRISED (TIS BRIN SRUE BRISE	ORENI COURT BUINT ROOM URFO	{12.13.01    10.31	
5824		Suite, Apt. #, etc. 5824 Grand 1	Blud	02252004	Chg-P	CR2E034 (10/03	3)	
City & Stat		City & State New Abyt Rich		4. FEI Numbe	0129010		Applied For	
Zip	Country	<del></del>	Country	1	····	¢0.75 A	Not Applicable	
			us	<b>.</b>	of Status Desired	Fee Requi		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
GRIFFO, THOMAS 4207 DARLINGTON HOLIDAY, FL 34691			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
				Silver Address (F.O. Dox Number is Not Acceptable)				
							·	
			City			FL Zip Co		
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its regi	istered office or regis	stered agent, or bot	h, in the State of Flor	ida. I am familiar wit	h, and accept	
SIGNATURE								
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign F Trust Fund Contribut		55.00 May Be dded to Fees		,		
After M	ay 1, 2004 Fee will be \$550.0 OFFICERS AND I	Trust Fund Contribut DIRECTORS	11. A	dded to Fees	CHANGES TO OFFIC	CERS AND DIRECTO		
After M	ay 1, 2004 Fee will be \$550.0	Trust Fund Contribut	tion. $\square$ Å	dded to Fees	CHANGES TO OFFIC	CERS AND DIRECTO		
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2. Thereby certary that the information supplied with this him goods not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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:

CHATURE WAS TYPED OR PRINTED HANGE OF SIGNING CAPAC

R OR DIRECTOR

Date

Daytime Phone #