


## 08-09-2004 90005 014 \*\*\*150.00

<b>DOCUMENT # P03000107788</b>				08-09-2004 90005 014 ***150.00	
1. Entity Name <b>YAPAVEL, INC.</b>					
Principal Place of Business <b>15663 NW 12 ROAD PEMBROKE PINES, FL 33068</b>		Mailing Address <b>15663 NW 12 ROAD PEMBROKE PINES, FL 33068</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>VELEZ, YAMIL I</b> <b>15663 NW 12 ROAD</b> <b>PEMBROKE PINES, FL 33068</b>		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		DATE			
FILE NOW! FEB. 13 \$150.00 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	D	TITLE			
NAME	VELEZ, YAMIL I	NAME			
STREET ADDRESS	15663 NW 12 ROAD	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33068	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(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:		Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			