2004 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED Aug 26, 2004 8:00 am Secretary of State

ANNUAL REPURI					Secretary or State			
DOCUMENT # P03000107788 1. Entity Name YAPAVEL, INC.							4 90005 014 ***	150.00
Principal Place of Business Mailing Address				(66	432604		
15663 NW 12 ROAD 15663 NW 12 ROAD							V 4 7 -	
PEMBROKE PINES, FL 32008 PEMBROKE PINES, FL 32008				. ə		•	-	
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	ace of Business	3. Mailing Address					<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07232004	Chg-P	CR2E034 (10/03)	alled It-	
City & State		City & State			4. FEI Numbe	86-108	3714 No	plied For Applicable
Zip Country		Zip Country		У	5. Certificate	of Status Desired	S8.75 Add Fee Required	
						Address of New Re	gistered Agent	
VELEZ-YAMIL I								
15663 NW 12 ROAD 33028 - Street					ress (P.O. Box Number is Not Acceptable)			
PEMBROKE PINES, FL 3308								
	M 1100	M	Ì	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. Lash familiar with, and accept								
tue opligat	dns of registered agent	. X I					2/2/01/	
SIGNATURE_	1 July Com	200	TE. Grantment	A	A company and a standard		0/3/04 DATE	
Signature, hybot of philling name by registered agent and title ill policible. (NOTE: Registered Agent agnature required when reinstating) DATE								
FILE NOWING FEE.IS \$150.00 U 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Føes	In accordance w corporation did n	ith s. 607.193(2)(b), at receive the prior r	F.S., the lotice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTORS	IN 11
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES, FL 32008	33028	•	ST-ZIP				
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	region that the individual author author with	this filling chas not qualify to			ection 119.07/3\	i). Florida Statutos I	further cortify that the i	oformation
indicated	on this report of supplemental report is	titue and accurate and that	t my signati	ure shall have the	same legal effer	t as if made under o	ath; that I am an officer	or director Block 11 if
12. I hereby certify that the information supplied with this like 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 of supplemental/report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the received or true selection by specific 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								