050-43

1/1:

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2004 8:00 am Secretary of State

DOCUMENT # P03000110259 1. Entity Name YC CONSULTING INC.								01-12-20	004 900	01 047 *:	**150.00	
Principal Place of Business				Mailing Address								
22011 MARTELLA AVENUE BOCA RATON, FL 33433				22011 MARTELLA AVENUE BOCA RATON, FL 33433								
2. Principal P	lace of Busin	ness	3.	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01072004	Chg-P	CR2E	034 (10/03)		
City & State			City & State				4. FEI Numb	34804	18		oplied For of Applicable	
Zip		Country		Zip	Cour	ntry	5. Certificate	ol Status Desired		\$8.75 Add Fee Require		
	- 6. Namo	and Address of Cu	rent Regis	itered Agent	<u> </u>		7. Name and	d Address of New F	legistered	<u> </u>		
SPIEGEL	SPIEGEL & UTRERA, P.A.						Name -					
_1840 SW 22ND ST					Street Address (P.O. Box Number is Not Acceptable)							
4TH FLOOR MIAMI, FL 33145						<u></u>						
,, , _						City			Fi	Zip Cod	е	
A The above	named enti	ty cultimite this eletern	ant for the c	ourpose of changing Its		1 .	sistered speed by be	ah in the Ct. t. of Fi	FL	• '		
the obligat	tions of regis	itered agent.	sut to the t	on pose or changing is	s teðistet	ea onice or rej	gistered agent, or bu		onga. I am	ramiliar with,	ano accept	
SIGNATURE -	Signatura, types	d or printed name of registered	agent and Life	if applicable (NOT	E: Regulers	id Agent signsture r	aquired when reinstating)	<u> </u>	DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.	1	OFFICERS	AND DIREC		11.		ADDITIONS	CHANGES TO OFF	ICERS AND			
TITLE	PSTD Delete TITL COLLIE, YUKO W					- 1				☐ Change	Addition	
STREET ADDRESS	SS 22011 MARTELLA AVENUE STR					EET ADDRESS		44				
C/TY-51-Z/P						-\$1-ZIP	· · · · · · · · · · · · · · · · · · ·	! .				
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STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS						
TITLE				☐ Delete	TITL	E				Change	Addition	
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NAME STREET ADDRESS	[-			NAM Stre	EET ADDRESS		7				
CITY-ST-20P	<u> </u>					-ST-27P						
, TITLE NAME	1		-	☐ Delete	TITL	· I				☐ Change	Addition	
STREET ADDRESS	-			•	NAM Stri	EET ADDRESS						
CITY-ST-ZIP	L					-ST-ZIP		·				
12. I hereby of indicated of the corchanged.	certify that the lon this reportion or t poration or t l, or on an atl	ne information supplier ort or supplemental rep the receiver or trustee tachment with an add	d with this fi cort is true a emplowered ss, with all	illing does not qualify to and accurate and that d to execute this seport Il other like empowered	or the exe my signa as requi	mption stated ture shall have red by Chapte	in Section 119.07(3) the same legal effe or 607. Florida Statut	(i), Florida Statutes. ct as if made under es; and that my nam	l further ce cath; that I e appears	nity that the in am an officer in Block 10 or	nformation or director Block 11 if	
12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and ghat 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 epideweed 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 employered.												
SIGNAT	NKF: "	SIGNATURE AND TYPE	O OB BRIMTER	NAME OF BUSINESS OFFICES	OR OWER	708		7/03		Davidson D	 [