

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90009 014 ***150.00

DOCUMENT # P04000007365

1. Entity Name
Y & M GENERAL SERVICES INC.



Principal Place of Business
5824 SW 146TH CT
MIAMI, FL 33183

Mailing Address
5824 SW 146TH CT
MIAMI, FL 33183

4005835b



2. Principal Place of Business - No P.O. Box #
4535 S.W. 164 Pl.
Suite, Apt. #, etc.

3. Mailing Address
4535 S.W. 164 Pl.
Suite, Apt. #, etc.

04012008 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL
Zip
33185
Country

City & State
MIAMI, FL
Zip
33185
Country

4. FEI Number
32-0104234
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, YOAN
5824 SW 146TH CT
MIAMI, FL 33183

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, YOAN	
STREET ADDRESS	5824 SW 146TH CT	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESPINO, MILEYDIS	
STREET ADDRESS	5824 SW 146TH CT	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINO, MILEYDIS	
STREET ADDRESS	5824 SW 146TH CT	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Yoan M Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08 780-2294370
Date Daytime Phone #