

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90207 003 \*\*\*150.00

40064730



02242005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000018276</b>					
<b>1. Entity Name</b> Y.A. COLORS INC.					
<b>Principal Place of Business</b> 904 S. BROUGHTON CIRCLE #16 BOYNTON BEACH, FL 33435			<b>Mailing Address</b> 904 S. BROUGHTON CIRCLE #16 BOYNTON BEACH, FL 33435		
<b>2. Principal Place of Business</b> 12501 S.W. 7th street. Suite, Apt. #, etc.			<b>3. Mailing Address</b> 12501 SW 7th Street Suite, Apt. #, etc.		
<b>City &amp; State</b> DAVIDE, FLORIDA Zip 33325 Country USA		<b>City &amp; State</b> DAVIDE, FLORIDA Zip 33325 Country USA		<b>4. FEI Number</b> 20-0642152	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> FALCONES, FREDDY 904 S. BROUGHTON CIRCLE #16 BOYNTON BEACH, FL 33435			<b>7. Name and Address of New Registered Agent</b> Name: Freddy Falcones Street Address (P.O. Box Number is Not Acceptable): 12501 S.W. 7th Street City: DAVIDE FL Zip Code: 33325		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: FALCONES, FREDDY <input type="checkbox"/> Delete STREET ADDRESS: 904 S. BROUGHTON CIRCLE, #16 CITY-ST-ZIP: BOYNTON BEACH, FL 33435			TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Freddy Falcones STREET ADDRESS: 12501 SW 7th Street. CITY-ST-ZIP: DAVIDE FL. 33325		
TITLE: <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
<b>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.</b>					
<b>SIGNATURE:</b> <u>FREDDY FALCONES</u> <span style="float: right;">26-FEB-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

(954) 444 7233