

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038370

FILED
May 04, 2005
Secretary of State

Entity Name: YSM EVENT PLANNING & CONSULTING, INC.

Current Principal Place of Business:

8745 PINE VALLEY LN
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

8745 PINE VALLEY LN
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 20-0900696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMID, MONIQUE C
8745 PINE VALLEY LN
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HAMID, MONIQUE C
Address: 8745 PINE VALLEY LN
City-St-Zip: JACKSONVILLE, FL 32244

Title: P () Delete
Name: CARTER, SABRINA
Address: 11042 LYDIA ESTATES DR E
City-St-Zip: JACKSONVILLE, FL 32218

Title: V () Delete
Name: PLUMMER, CHANDRA Y
Address: 5658 WOLF CREEK DR
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONIQUE C. HAMID

S

05/04/2005

Electronic Signature of Signing Officer or Director

_____ Date