Feb 17 05 04:14p   C BERGMAN CPA   2/2

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Apr 14, 2005 8:00 am
Secretary of State
02-22-2005 90028 037 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000057837

1. Entity Name
YOU AND ME, INC.

66010049

Principal Place of Business	Mailing Address
16129 BISCAYNE BOULEVARD NORTH MIAMI, FL 33160	16129 BISCAYNE BOULEVARD NORTH MIAMI, FL 33160
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02172005 Chg-P CR2E034 (10/03)

4. FEI Number 16-1697267 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY-MIMOUN, CHANTAL
16129 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33160

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 ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	MIMOUN, CHANTEL	NAME
STREET ADDRESS	20315 W. COUNTRY CLUB DR., TOWN HOUSE #3	STREET ADDRESS
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP
TITLE	VST ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	LEVY, PAMELA	NAME
STREET ADDRESS	20315 W. COUNTRY CLUB DR., TOWN HOUSE #3	STREET ADDRESS
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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.

SIGNATURE: X ______ 2/17/05 (786)271-7735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #