2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # P04000074178 1. Entity Name 04-08-2005 90043 021 ***150.00 Y & M INTERIOR DECORATING, INC. Principal Place of Business Mailing Address PO BOX 1705 TALLEVAST FL 34270 40043313 306 NW 15TH PLACE CAPE CORAL FL 33993 Mailing Address th street west 2. Principal Place of Business 45<u>50</u> 474 CR2E034 (10/04) # 1105 4. FEI Number Applied For *55-0*9700 Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRANDA, YAMIAN A 306 NW 15 PLACE CAPE CORAL FL 33993 Bradenton 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Miranda, Yamian A MIRANDA, YAMIAN A NAME NAME 4550 47th street west #1105 STREET ADDRESS PO BOX 1705 STREET ADDRESS CITY-ST-7IP **TALLEVAST FL 34270** CITY-ST-ZIP TITLE THILE ☐ Delete MILENA, ALEMAN NAME STREET ADDRESS 306 NW 15 PLACE STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33993 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete THTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information sumplied 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 trusteel 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 additional statutes. amian SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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