


FILED
Jun 24, 2005 8:00 am
Secretary of State

05-13-2005 90221 040 ***150.00

**2005 FOR PROFIT CORPORATION-
 ANNUAL REPORT**

DOCUMENT # P04000112521

1. Entry Name
YAIMEH, INC.



Principal Place of Business Mailing Address
4001 SANTA BARBARA BLVD., SUITE 346 **4001 SANTA BARBARA BLVD., SUITE 346**
NAPLES, FL 34104 **NAPLES, FL 34104**

66023755



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05062005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-1436551 Not Applicable

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

6. Name and Address of Current Registered Agent
RONDON, FRANK J
14359 MIRAMAR PKWY., SUITE 150
MIRAMAR, FL 33027

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: *Frank Rondon* DATE: *5/6/05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONDON, FRANK J JR. 14359 MIRAMAR PKWY., SUITE 150 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Frank Rondon* - **FRANK RONDON** DATE: *5/6/05* **954.655.2631**
Signature and Typed or Printed Name of Signing Officer or Director Date Business Phone #