


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90105 045 \*\*\*150.00

<b>DOCUMENT # P04000138137</b> 1. Entity Name <b>YDZ ENTERPRISES, INC.</b>					
Principal Place of Business <b>7640 NW 28TH ST</b> <b>MARGATE, FL 33063 US</b>			Mailing Address <b>7640 NW 28TH ST</b> <b>MARGATE, FL 33063 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>20-1710507</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07012005    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>GERSTEIN &amp; GERSTEIN ATTORNEYS, PA</b> <b>700 S FEDERAL HWY</b> <b>200</b> <b>BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>MIRIAN DELGADO GOULD</b> Street Address (P.O. Box Number is Not Acceptable) <b>7640 NW 28 ST.</b> City <b>MARGATE</b> FL      Zip Code <b>33063</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.  SIGNATURE <u><b>MIRIAN D. GOULD</b></u> , V      DATE <u><b>07-20-05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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	DPST DELGADO, JAVIER E 7640 NW 28TH ST MARGATE, FL 33063	<input type="checkbox"/> Delete			
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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: <u><b>JAVIER E. DELGADO, P</b></u> DATE <u><b>7-20-05</b></u> DAYTIME PHONE # <u><b>(954) 796-3532</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					