2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000046170

1. Entity Name
2 Y B, INC.

Principal Place of Business	Mailing Address
P O BOX 4102	P O BOX 4102
HALLANDALE, FL 33008	HALLANDALE, FL 33008

DO NOT WRITE IN THIS SPACE

02172007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0890940	Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES, JERVONI
1207 SW 123RD AVE.
PEMBROKE PINES, FL 33025

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE 4-20-07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAMES, JERVONI
STREET ADDRESS	1207 SW 123RD AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33025

TITLE	D
NAME	JAMES, JERVONI
STREET ADDRESS	PO BOX 4102 Hallandale FL
CITY-ST-ZIP	33008

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 4-20-07   Daytime Phone # 786-525-7769