


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 25 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000076398		
1. Entity Name YM PROFESSIONAL SERVICES, INC.		

Principal Place of Business 1134 SW 137TH CT. MIAMI, FL 33175	Mailing Address 1134 SW 137TH CT. MIAMI, FL 33175
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2. Principal Place of Business 14919 SW 159 CT Suite, Apt. #, etc.	3. Mailing Address 14919 SW 159 CT Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33196	Country USA

10232006 REIN-P CR2E098 (11/05)	
4. FEI Number 51-0544451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

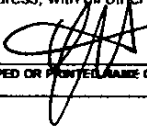
6. Name and Address of Current Registered Agent MILIAN, YENNY 1134 SW 137TH CT. MIAMI, FL 33175	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14919 SW 159 CT City Miami FL Zip Code 33196	
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8. 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.	DATE 10-23-2006 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILIAN, YENNY 1134 SW 137TH CT. MIAMI, FL 33175 <input type="checkbox"/> Delete <i>Address Change Only</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14919 SW 159 CT Miami, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, LUIS ALFONSO 1134 SW 137TH CT. MIAMI, FL 33175 <input type="checkbox"/> Delete <i>Address Change Only</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14919 SW 159 CT Miami, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, MARIA 1134 SW 137TH CT. MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081396592 10/31/06--01078--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 10/23/2006 Daytime Phone #