

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P05000076398**

1. Entity Name  
**YM PROFESSIONAL SERVICES, INC.**



Principal Place of Business

**14919 SW 159 CT  
MIAMI, FL 33196**

Mailing Address

**14919 SW 159 CT  
MIAMI, FL 33196**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007

Chg-P

CR2E034 (12/06)

4. FEI Number

**51-0544451**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILIAN, YENNY  
14919 SW 159 CT  
MIAMI, FL 33196**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jan. 17, 2007*

**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

**300086139263**

**01/24/07--01005--020 \*\*150.00**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MILIAN, YENNY	
STREET ADDRESS	14919 SW 159 CT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, LUIS ALFONSO	
STREET ADDRESS	14919 SW 159 CT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	POLANCO, MARIBEL	
STREET ADDRESS	14919 SW 159 CT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	ASNT	<input type="checkbox"/> Delete
NAME	DIAZ, MERCEDES	
STREET ADDRESS	14919 SW 159 CT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*B. 1/18/07*

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

Daytime Phone #

*January 17<sup>th</sup> 2007*

FILED  
2007 JAN 18 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

