

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90182 019 ***150.00

DOCUMENT # P05000123830

1. Entity Name
YESONLINE, INC.



Principal Place of Business
**901 NE 125TH STREET SUITE 101
N MIAMI, FL 33161**

Mailing Address
**901 NE 125TH STREET SUITE 101
N MIAMI, FL 33161**

DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
71-0959986

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOSEPH PATERNOSTRO ACCOUNTING SERVICES INC
901 NE 125TH STREET SUITE 101
N MIAMI, FL 33161**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 **VILLAFRADE, HENRY**
STREET ADDRESS **2292 NW 162 WAY**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **D**
NAME **KRIZONA, SONA**
STREET ADDRESS **3403 NW 9 AVE SUITE 805**
CITY-ST-ZIP **AKLAND PARK, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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 which is other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 305-895-7355
Date Daytime Phone #