## **2006 FOR PROFIT CORPORATION**

## Feb 13, 2006 8:00 am Secretary of State **ANNUAL REPORT** 02-13-2006 90001 035 \*\*\*150.00 **DOCUMENT # P05000124168** 1. Entity Name YOUNIS INVESTMENTS, INC. 60014216 Principal Place of Business Mailing Address 320 NE 29TH STREET #7 320 NE 29TH STREET #7 MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 CR2E034 (11/05) Chg-P 4. FEI Number 20-3445384 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNIS, TALIB Street Address (P.O. Box Number is Not Acceptable) 320 NE 29TH STREET #7 MIAMI, FL 33137 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change □ Addition TITLE TITLE Delete NAME YOUNIS, TALIB NAME 320 NE 29TH STREET #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 the empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

**FILED** 

☐ Change

☐ Addition