2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000163082

1. Entity Name



FILED Apr 21, 2006 8:00 am Secretary of State

04-21-2006 90114 032 ***150.00

YRP, INC	·,						
Principal Place of Business 5507 14TH STREET WEST BRADENTON, FL 34207			Mailing Address 5507 14TH STREET WEST BRADENTON, FL 34207)14393	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162006 Chg	-P CR2E	034 (11/05)	
City & State		City & State		4. FEI Number	54651		plied For t Applicabl
Zip	Country	Zip	Country	5. Certificate of Status I		\$8.75 Add Fee Required	
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address	of New Registered	Agent	
	B I STREET WEST ON, FL 34207			s (P.O. Box Number is Not A	cceptable)		
			City		Fl	Zip Code	9
	named entity submits this statemer ions of registered agent.	nt for the purpose of changing it	s registered office or regis	tered agent, or both, in the S	State of Florida. I am	familiar with,	and accep
SIGNATURE_	Signature, typed or printed name of registered a	gent and Itale if applicable (NO	TE Registered Agent signature requ	ared when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Campa 10.00 Trust Fund Cor	· · · · · ·	5.00 May Be dded to Fees			
10.		ND DIRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS	3 IN 11
NAME STREET ADDRESS CHY-ST-ZIP	P PATWARY, MOHAMMAD 2012 BRANDON CROSSING BRANDON, FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC YASMIN, RUBINA 2012 BRANDON CROSSING BRANDON, FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		10	☐ Change	☐ Additio
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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:

4-17-6

ATTACHMENT

50014393 #P05000163080

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CLIENT: YRP Onc						
TAX RETURN MEMO						
Tax will be DELINQUENT if not paid by $4-30-06$						
Please make your check for \$						
This check is for payment of your:						
 Depository 941 Payment —Payable to your bank Write your FEI # on your check and quarter you are paying 						
Sales Tax-Payable to FL Dep't of Revenue Write your Sales Tax # on your check						
State Unemployment Tax Payable to Florida U.C. Fund Write your UCT # on your check						
Federal Unemployment Tax (940 Futa) Payable to your bank, write your FEI #						
□⊠ Mail Form timely – No check required						
Other 2006 annual Report						
Enter Date Paid 4-19-6 ck# 1001						