2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT 01-29-2007 90071 002 ***150.00 DOCUMENT # P06000064455 Y & D ENTERPRISES, INC. Principal Place of Business Mailing Address 60008149 3389 SHERIDAN STREET 3389 SHERIDAN STREET STE 263 STE 263 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 01252007 CR2E034 (12/06) 4. FEI Numb City & State City & State Applied For 20-48 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAHOM, YAACOV Street Address (P.O. Box Number is Not Acceptable) 3389 SHERIDAN STREET **STE 263** HOLLYWOOD, FL 33021 Zip Code FL 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. Lam familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ■ Addition TITLE ☐ Defete TITLE Change NAHOM, YAACOV NAME NAME STREET ADDRESS 3389 SHERIDAN STREET STREET ADDRESS HOLLYWOOD, FL 33021 CiTY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Defete TITLE Accition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change Addition TITLE

12. Thereby 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 suppliemental 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 recuired 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.

NAME

THE

NAME

DILE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST. 7IP

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SIGNATURE

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TITLE

NAME

TITLE NAME STREET ADDRESS

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THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

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Change

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FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90071 002 ***150.00