

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000103752

1. Entity Name
YMA INC



04-16-2008 90037 030 ***150.00

P06000103752

FILED

08 JUL 16 AM 7:34

FLORIDA STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3345 FOWLER STREET FORT MYERS, FL 33901 US		Mailing Address 3345 FOWLER STREET FORT MYERS, FL 33901 US					
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				
6. Name and Address of Current Registered Agent MCLEOD, RODERICK D 3345 FOWLER STREET FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

03232008 Chg-P CR2E034 (12/06)

4. FEI Number
APPLIED FOR **20-5349757** Applied For
Not Applicable

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

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 registering.)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>P <input type="checkbox"/> Delete PATEL, ARVIND 6606 PLANTATION PRESERVE CR. FORT MYERS, FL 33916</p>		<p>Arvind Patel (P) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11501 Plantation Preserve Cr. Fort Myers, FL - 33966.</p>	
<p>VP <input type="checkbox"/> Delete PATEL, GAURANG 6606 PLANTATION PRESERVE CR. FORT MYERS, FL 33916</p>		<p>Gaurang Patel (VP) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11501 Plantation Preserve Cr. Fort Myers, FL - 33966</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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:

03/24/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #