
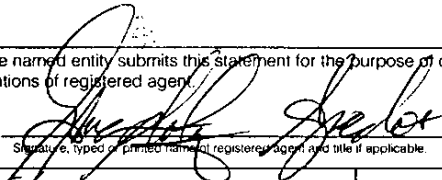
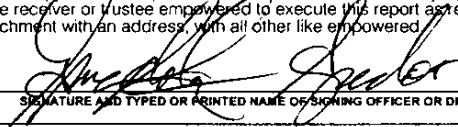


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90048 040 ***150.00

DOCUMENT # P06000118504 1. Entity Name Y.E.S! PROGRAM INC.					
Principal Place of Business 4608 NW 7TH AVE. MIAMI, FL 33142			Mailing Address 4608 NW 7TH AVE. MIAMI, FL 33142		
2. Principal Place of Business - No P.O. Box # 3027 NW 7 Ave		3. Mailing Address 1936 NW 71 Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 13-4342745	
Zip 33127		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33127		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APEDO, GWENDOLYN 673 NE 86TH ST., APT. 3 MIAMI, FL 33138				7. Name and Address of New Registered Agent Name Gwendolyn Apedo Street Address (P.O. Box Number is not Acceptable) 1936 NW 71 Street City Miami FL 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:  Gwendolyn Apedo 4/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when instituting) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APEDO, GWENDOLYN 673 NE 86TH ST., APT. 3 MIAMI, FL 33138	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Gwendolyn Apedo 1936 NW 71 Street Miami, FL. 33147
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, BARBARA 2127 NW 41ST ST. MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-VP WILLIE J. RUFFIN, SR. 886 NW 74 Street Miami, FL. 33150
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS APEDO, SHEKINAH 1061 NE 137TH ST. N. MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Symiria G. Apedo 673 NE 86 Street #3 MIAMI, FL. 33138
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Emmanuel Jao Apedo 673 NE 86 Street #3 Miami, FL 33138
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Gwendolyn Apedo 4/29/07 (305) 300-5369 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					