

FOR PROFIT CORPORATION ANNUAL REPORT


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FILED

11 MAY 26 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000047083	
1. Entity Name Y & A UNLIMITED, CORP	

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2. Principal Place of Business - No P.O. Box # 6781 SW 15 COURT	3. Mailing Address 14320 SW 183 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 27-2913015	Applied For <input type="checkbox"/> Not Applicable
Zip 33193	Country	Zip 33177	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name YAMIRA ARBESU
Street Address (P.O. Box Number is Not Acceptable) 14320 SW 183 TERR
City MIAMI FL Zip Code 33177

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 **YAMIRA ARBESU** DATE **05/20/11**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

jackiemorales@ncs.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE P	NAME ARBESU YAMIRA
STREET ADDRESS 6781 SW 15 COURT	
CITY-ST-ZIP MIAMI FL 33193	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/11--01007--024 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: **YAMIRA ARBESU**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **05/20/11** Daytime Phone # **7863666887**