## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2004 08:00 AM Secretary of State

ANNUAL REPURI				<del></del> 7	Secretary of State		
DOCUMENT # P25319  1. Entity Name					Secre	ary or State.	
YAYA'S FLAME BROILED CHICKEN, INC.							
Principal Plac	e of Business	Mailing Address					
521 SO DOR		521 S. DORT HWY.		1			
FLINT, MI 48	8503 US	FLINT, MI 48503 US					
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				01082004	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Num	ber	Applied For	
				38-28	64998	Not Applicable	
JAN MA				5. Certifica	te of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							
ALDEN, MICHAEL				F.A.	NOT W	ort <b>e</b>	
300 FIRST AVE NORTH SAINT PETERSBURG, FL 33701					J"ČLA WARRIA	Miskin Cara Petri Jahar e	
5/4/11 272/055/03/12 50/51					THIS SP	ACE	
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 harne of registered agent and trile if applicable. (NOTE: Registered Agent agreature required				required when reinstating)	<del></del>	DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fine Trust Fund Contribution				\$5.00 May Be Added to Fees			
10.	OFFICERS AND C	IRECTORS			a contrato de cont		
TITLE	PTD CHINONIS, JOHN D.						
STREET ADDRESS	6009 PLANTATION						
CITY-ST-ZIP	GRAND BLANC, MI			Pridika.	Omerene		
TITLE	VSD	•			01.7E.704	012895 90027-014 150.00	
NAME STREET ADDRESS	CHINONIS, GUS C. 9581 BURNING TREE DRIVE						
CITY-ST-ZIP	GRAND BLANC, MI		والمزالطان				
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP				V	INOI W		
NAME				IN	THIS SP	ACE	
STREET ADDRESS							
CITY-ST-ZIP			1				
TITLE NAME		•	12.10.11.22.1.72	TO A CONTRACTOR OF THE PROPERTY OF THE PROPERT			
STREET ADDRESS							
CITY-ST-7IP	ì		■ BEAYS: As 1994.	1944/692 (4.44-)-63/63/63/63	86 86 86 86 86 86 86 86 86 86 86 86 86 8		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-04

810-255-655 Daytime Phone #