


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P25319**  
 1. Entity Name  
**YAYA'S FLAME BROILED CHICKEN, INC.**



Principal Place of Business      Mailing Address  
 521 SO DORT HWY                      521 S. DORT HWY.  
 FLINT, MI 48503 US                      FLINT, MI 48503 US

**DO NOT WRITE IN THIS SPACE**



01082004    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 38-2864998                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ALDEN, MICHAEL  
 300 FIRST AVE NORTH  
 SAINT PETERSBURG, FL 33701

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHINONIS, JOHN D. 6009 PLANTATION GRAND BLANC, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHINONIS, GUS C. 9581 BURNING TREE DRIVE GRAND BLANC, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/25/04-90027-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **JOHN D. CHINONIS**    01-19-04    810-295-6530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #