


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000006263**

1. Entity Name  
YAMILETH BEEPERS, CORPORATION



Principal Place of Business      Mailing Address

5534 NW 79 AVE      5526 NW 79 AVE  
MIAMI, FL 33166      MIAMI, FL 33166

**DO NOT WRITE IN THIS SPACE**

04012005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied for  
65-0384829      Not Applicable

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

6. Name and Address of Current Registered Agent

PEREYRA, GIOVANNY  
5526 NW 79 AVE  
MIAMI, FL 33166

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREYRA, GIOVANNY
STREET ADDRESS	5534 NW 79 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	S
NAME	GUTIERREZ, MARIA D
STREET ADDRESS	5534 NW 79 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000286969  
04/04/05-80048-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_      04/01/05      305-716-9776

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