

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000058850

1. Entity Name
YASHMIT CORPORATION



Principal Place of Business
2529 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

Mailing Address
2529 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

05 MAY -5 PM 12:14

RECEIVED
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA



05052005 No Chg-P CR2E034 (10/03) 05

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3267660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SINGH, ARJINDER
2529 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SINGH, ARJINDER
STREET ADDRESS	2529 APALACHEE PARKWAY
CITY - ST - ZIP	TALLAHASSEE, FL 32301
TITLE	KAUR, GURNINDER (Manager)
NAME	2529 Apalachee Pkwy
STREET ADDRESS	Tallahassee, FL - 32301
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

500054667555
05/17/05--01025--024 **150.00

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

SIGNATURE: ARJINDER SINGH Arjinder Singh 5/5/05 510-3466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #