

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**

DO NOT WRITE IN THIS SPACE

FILED
 05 MAY -5 PM 12:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

4. FEI Number
59-3267660

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SINGH, ARJINDER
 2529 APALACHEE PARKWAY
 TALLAHASSEE, FL 32301**

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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 ~~\$550.00~~ \$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	

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

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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 #

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