2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000070596

1. Entity Name
YMF INTERNATIONAL DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
11250 NW 252TH ST #114 MIAMI, FL 33172	11250 NW 252TH ST #114 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

&UUU1U99

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0523448		Not Applicable

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

6. Name and Address of Current Registered Agent

GOUDISS, ESQ., MORTON R
1090 KANE CONCOURSE
BAY HARBOR ISLAND, FL 33154

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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_____

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 **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	PD
NAME	SALOMON, FERNANDO
STREET ADDRESS	11250 NW 25TH ST.
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/6/2005   305-640-9858

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