

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000074624

1. Entity Name

YES STORE 99 CENTS PLUS INC.



Principal Place of Business

6745 W. 4TH AVENUE  
HIALEAH, FL 33012

Mailing Address

6745 W. 4TH AVENUE  
HIALEAH, FL 33012



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0517022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

VALDES, YOLY  
6745 W. 4TH AVENUE  
HIALEAH, FL 33012

**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**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
ALVARADO, VEITY C  
320 WET 52 AVE.  
MIAMI, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
PULIDO, ANA E  
6930 W. 2 COURT  
HIALEAH, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
VALDES, YOLY  
6745 W 4 TH AVE  
HIALEAH, FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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03/25/05-80035-020 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3-15-2005

Date

Daytime Phone #

YOLY VALDES