2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000074624

1. Entity Name
YES STORE 99 CENTS PLUS INC.

Principal Place of Business	Mailing Address
6745 W. 4TH AVENUE HIALEAH, FL 33012	6745 W. 4TH AVENUE HIALEAH, FL 33012

01192008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0517022

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ALVARADO, VETTY C
STREET ADDRESS	320 WET 52 AVE.
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	SD
NAME	PULIDO, ANA E
STREET ADDRESS	6930 W. 2 COURT
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	P
NAME	VALDES, YOLY
STREET ADDRESS	6745 W 4 TH AVE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/06-80004-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3-15-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Yoly VALDES