

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90048 012 ***150.00

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**



02232007 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**

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, 2007 Fee will be \$350.00**

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

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 my address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(PRESIDENT) 3-20-2007

YOLY VALDES