


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

3171

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000028045 1. Entity Name Y.S.S., INC.	
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Principal Place of Business 910 KINGS HWY PORT CHARLOTTE, FL 33980 US	Mailing Address 64 BARILOCHE DRIVE PUNTA GORDA, FL 33983 US
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03072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0584594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURRAWAT SAYED 64 BARILOCHE DRIVE PUNTA GORDA, FL 33983
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**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, 2004 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	P SAYED, MURRAWAT 11940 S.W. 119 PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAYED, MOHAMMED 1550 RAINTREE LN PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/12/04-80057-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Murrawat Sayed (MURRAWAT SAYED) 03-15-04 (941) 627-0769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #