

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

CK # 369 FILED

Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000028045



1. Entity Name
Y.S.S., INC.

Principal Place of Business
910 KINGS HWY
PORT CHARLOTTE FL 33980
US

Mailing Address
64 BARILOCHE DRIVE
PUNTA GORDA FL 33983
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip **Country**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip **Country**



1st MOORE **CR2E034 (10/04)**

4. FEI Number **65-0584594** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
MURRAWAT SAYED
64 BARILOCHE DRIVE
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent
Name
Street Address (P O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 _____ **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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAYED, MURRAWAT 11940 S.W. 119 PLACE MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	UN00000330488 04/25/05-80182-005 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAYED, MOHAMMED 1550 RAIN TREE LN PUNTA GORDA FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Murrawat Sayed **02-14-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #