2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000024607

1. Entity Name
YAS-K VENTURE, INC.

Principal Place of Business	Mailing Address
19904 NW 2 AVENUE MIAMI, FL 33169	19904 NW 2 AVENUE MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

04172004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0653522		Not Applicable

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

6. Name and Address of Current Registered Agent

KARABOURNIOTIS, JOHN
9334 SW 1 STREET
FT. LAUDERDALE, FL 33324

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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

U00000131147
04/26/04-80144-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KARABOURNIOTIS, JOHN
STREET ADDRESS	9334 SW 1 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _John Karabourniotis_   4-14-04   305-652-6912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #