


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
2 Mar 12, 2007 8:00 am
Secretary of State

02-16-2007 90032 021 ***150.00

DOCUMENT # P96000024607 1. Entity Name YAS-K VENTURE, INC.	
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Principal Place of Business 19904 NW 2 AVENUE MIAMI, FL 33169	Mailing Address 19904 NW 2 AVENUE MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0653522	Applied For Not Applicable
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6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent KARABOURNIOTIS, JOHN 9334 SW 1 STREET FT. LAUDERDALE, FL 33324

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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 renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARABOURNIOTIS, JOHN 9334 SW 1 STREET FT. LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  **John Karabourniotis** 3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(305) 652 6912