2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P97000072491

Entity Name: YCAVEL, CORP.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
901
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

201 ALHAMBRA CIRCLE
901
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0792765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERDEJA, OCTAVIO
201 ALHAMBRA CIR
SUITE 901
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPAS ( ) Delete
Name: YCAZA HIDALGO, MIGUEL
Address: 600 NE 36 ST UNIT 1610
City-St-Zip: MIAMI, FL 33137

Title: VDS ( ) Delete
Name: VELASQUEZ DE YCAZA, DIANA V
Address: 600 NE 36 ST UNIT 1610
City-St-Zip: MIAMI, FL 33137

Title: DV ( ) Delete
Name: YCAZA VELASQUEZ, MIGUEL MARTIN
Address: 600 NE 36 ST UNIT 1610
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL ICAZA HIDALGO DPAS 04/23/2004

Electronic Signature of Signing Officer or Director Date