


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90123 019 ***163.75

DOCUMENT # P98000030995

1. Entity Name
YANES ACCOUNTING SERVICES, INC.



Principal Place of Business Mailing Address

2121 N E 68 STREET **2121 N E 68 STREET**
103 **103**
FORT LAUDERDALE, FL 33308 **FORT LAUDERDALE, FL 33308**

2. Principal Place of Business 3. Mailing Address

2486 N.W. 66 DR **2486 N.W. 66 DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Boca Raton, FL **Boca Raton, FL**

Zip Country Zip Country

33496 **U.S.A** **33496** **U.S.A**

50034110



04042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

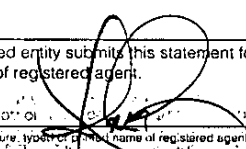
90-0136407 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

YANES, ALEYDA Y Name
~~2121 NE 68 STREET~~ **2486 N.W. 66 DR.** Street Address (P.O. Box Number is Not Acceptable)
~~UNIT 103~~ **Boca Raton, FL**
~~FORT LAUDERDALE, FL 33308~~ **33496** 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: **4/4/05**

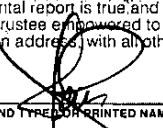
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11...	
TITLE P	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YANES, ALEYDA Y		NAME YANES, ALEYDA Y	<i>of Address</i>
STREET ADDRESS 2121 NE 68TH STREET UNIT 103		STREET ADDRESS 2486 N.W. 66 DR.	
CITY-ST-ZIP FORT LAUDERDALE, FL 33308		CITY-ST-ZIP BOCA RATON, FL 33496	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  Date: **4/4/05** Daytime Phone #: **(954)-587-5752**

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