005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Apr 08, 2005 08:00 AM Secretary of State **DOCUMENT # P98000036446** 1. Entity Name YAP INC. Principal Place of Business Mailing Address 5140 VOLUNTEER RD FORT LAUDERDALE FL 33330 5140 VOLUNTEER RD FORT LAUDERDALE FL 33330 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0829878 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YAP, AGNES 5140 VOLUNTEER RD Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33330 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE Delete Change ☐ Addition U00000294191 U4/08/05-80057-024 150.00 NAME YAP, AGNES NAME STREET ADDRESS 5140 VOLUNTEER RD STREET ADDRESS CITY ST-ZIP FORT LAUDERDALE FL 33330 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition YAP, WARREN NAME MAME STREET ADDRESS 5140 VOLUNTEER RD STREET ADDRESS FORT LAUDERDALE FL 33330 CHY-ST-ZIP CITY-ST-ZIP Change Addition Delete DOLE THE YAP, CHRISTOPHER NAME STREET ADDRESS 5140 VOLUNTEER RD STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33330 Change ☐ Addition THE ☐ Delete TATES NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change 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.

FILED

954-434-8268

Date