FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980						
YES REALTY & INVESTMENT CORP.			•	FILED		
		02 APR 2 PM 2: 42				
DO NOT WE	SECF	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
<sup>2</sup> Principal Place of Business 3500 N.W. 97 AVE	1 97 AVE		TALLATINGSELLITEOTHER			
Suite, Apt. #, etc. Suite, Apt. #, etc.		4 11111		DO NOT WRITE IN THIS SPACE		
HOLLYWOOD, FI HOLLYWOO		OD, FI Country USA	4. FEI Number 65 - 103	4. FEI Number Applied For 65 - 1035 6 36 Not Applicable		
Zip 33024 Country USA	<sup>19</sup> 33024 USA <sup>Zip</sup> 33024		5. Certificate of Status I	Desired : \$	8.75 Additional se Required	
חס אסז	4	7. Name and Address of Current Registered Agent  EDES RAMIREZ				
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable)			
	こiy Ha	3500 N.W. 97 AVE  CITY HOLLY WOOD FL 21/2/3024				
8. The above named entity submits this stat	tement for the purpose of changing its	registered office or r			55024	
SIGNATURE Signature, typed or printed name of regist	04  e required when reinstating)	1 02 DAIL				
Amended I DE IL ECCOE				paign Financing	\$5.00 May Be	
	Make Check Payab RS AND DIRECTORS	le to Department	Trust Fund Co of State	atribution. [:	Added to Fees	
NAME BOIW 49 STREET ADDRESS		TITLE NAME			12/04)	
CITY-ST-ZIP HIAMI, FL 3	3012	STREET ADDRESS CITY ST-ZIP			CRZEGGAB (12101	
TILE D FRANK A. RODRIGUEZ  NAME STREET ADDRESS CITY-ST-ZIP HIAHI, FI 33012		TITLE NAME			CAZE	
		STREET ADDRESS				
NAME STREET ADDRESS 801 W 49 ST	TITLE NAME					
CITY-ST-ZIP HIAMI, FI 33012		STREET ADDRESS:	DO NO	OT WRIT	E	
NAME  STIFFE ADDRESS		TITLE NAME	IN TH	IS SPAC	E	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY ST-ZIP				
Title NAME Street address City-St-71P		TITLE NAME				
		STREET ADDRESS City-St-Zip				
TITLE NAME		TITLE				
STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS		$\langle \rangle$	4.1	
I hereby certify that the information supplemental indicated on this report or supplemental in of the corporation or the receiver or trust.	lied with this filing does not qualify for t report is true and accurate and that my	he exemption stated	f in Section 119.07(3)(i), Florida St e the same legal effect as if made	atutes. I further certify i	that the information	
of the corporation or the receiver or trust attachment with an address, with all other	r like empowered.	as required by Chap	pter 607, Florida Statutes; and tha	t my name appears in	Block 11 or on an	
SIGNATURE: SIGNATURE AND TY	OLDS KALLING PED OR PRINTED NAME OF SIGNING OFFICER	7 DIRECTOR	04/1/6	)2		