

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#150

DOCUMENT # P98000056311	
1. Entity Name YES REALTY & INVESTMENT CORP.	



FILED

04 MAY 17 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03082003 Chg-P CR2E034 (10/03) *MRB*

Principal Place of Business <b>801 W 49 ST</b> <b>#216-A</b> <b>HALEAH, FL 33012</b>	Mailing Address <b>801 W 49 ST</b> <b>#216-A</b> <b>HALEAH, FL 33012</b>
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2. Principal Place of Business <b>2100 E. Hallandale Beach Blvd</b> Suite, Apt. #, etc. <b>ste 209</b>	3. Mailing Address <b>Same</b> Suite, Apt. #, etc.
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City & State <b>Hallandale Beach, FL</b>	City & State
Zip <b>33009</b>	Country <b>USA</b>

4. FEI Number <b>65-1035636</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CABRERAS, RAFAEL</b> <b>801 W 49 ST #216</b> <b>HALEAH, FL 33012</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2100 E. Hallandale Beach Blvd ste 209</b> City <b>Hallandale</b> FL Zip Code <b>33009</b>	
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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 <i>Rafael Cabrera</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, FRANK A</b> <b>801 W 49 ST, #106-C</b> <b>MIAMI, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CABRERAS, RAFAEL</b> <b>801 W 49 ST #216</b> <b>HALEAH, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2100 E. Hallandale Bch Blvd ste 209</b> <b>Hallandale, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2100 E. Hallandale Bch Blvd - ste 209</b> <b>Hallandale, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500037341395</b> <b>05/26/04--01050--001 **\$900.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Rafael Cabrera</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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