

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90015 041 ***150.00

DOCUMENT # P98000068994			
1. Entity Name YEAR ROUND MANAGEMENT COMPANY			
Principal Place of Business 8431 DUNDEE TERR. MIAMI LAKES, FL 33016		Mailing Address P O BOX 22763 HIALEAH, FL 33002	
2. Principal Place of Business 8053 NW 155 ST Suite, Apt. #, etc.		3. Mailing Address 8053 NW 155 ST Suite, Apt. #, etc.	
City & State Miami Lakes FL Zip 33016 Country U.S.A.		City & State Miami Lakes FL Zip 33016 Country U.S.A.	
4. FEI Number 65-0857043		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARVAJAL, ARTURO 8431 DUNDEE TERR. MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name: Year Round Management Co. Street Address (P.O. Box Number is Not Acceptable): 8053 NW 155 ST City: Miami Lakes FL Zip Code 33016	
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: President DATE: 01/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: CARVAJAL, ARTURO STREET ADDRESS: 8431 DUNDEE TERR. CITY-ST-ZIP: MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: CARVAJAL, MIRTA STREET ADDRESS: 8431 DUNDEE TERR. CITY-ST-ZIP: MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Arturo Carvajal President DATE: 01/30/04 DAYTIME PHONE: 305-557-9008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			