

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90411 010 ***150.00

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04142005 Chg-P CR2E034 (10/03)

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|---|--|--|--|--|---|
| DOCUMENT # P99000042420 1. Entity Name Y2K INSTALLATION, INC. | | | | | |
| Principal Place of Business 2519 LEE STREET HOLLYWOOD, FL 33020 | | | Mailing Address 2519 LEE STREET HOLLYWOOD, FL 33020 | | |
| 2. Principal Place of Business 10661 NW 20 COURT Suite, Apt. #, etc. | | 3. Mailing Address 10661 NW 20 COURT Suite, Apt. #, etc. | | | |
| City & State SUNRISE FL | | City & State SUNRISE, FL | | 4. FEI Number 65-0922093 | |
| Zip 33322 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WAGNER, STEVEN A 633 S.E. 3RD AVE. STE. 302 FORT LAUDERDALE, FL 33301 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MERINO, JORGE E 10661 NW 20TH COURT FORT LAUDERDALE, FL 33322 | | <input type="checkbox"/> Delete | 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"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| 4/20/05 | | | | Date | |
| Daytime Phone # | | | | | |