

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90028 015 ***150.00

DOCUMENT # S77312

1. Entity Name
Y.N.K.Y. CORPORATION



Principal Place of Business
1440 KENNEDY CAUSEWAY
SUITE #407
NORTH BAY VILLAGE, FL 33141 US

Mailing Address
1440 KENNEDY CAUSEWAY
SUITE #407
NORTH BAY VILLAGE, FL 33141 US

50065877



07142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0303179

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTAR NETO, JOAO A
1440 KENNEDY CAUSEWAY
SUITE #407
NORTH BAY VILLAGE, FL 33141

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MATTAR-NETO, JOAO A.
1440 RENNEDY CSWY #407
N. BAY VILLAGE, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-05

Date

305 866 190

Daytime Phone #