


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 857444 1. Entity Name YALCOT INVESTMENTS INC.					
Principal Place of Business % FRANK R. S. FABRE, ESQ. 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134				Mailing Address 777 BRICHELL AVE SUITE #1390 MIAMI FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FABRE, FRANK R.S., ESQ. 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD FABRE, FRANK <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	717 PONCE DE LEON BLVD #234		NAME		
STREET ADDRESS	CORAL GABLES FL 33134		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	SD FABRE, MARIA ELENA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	717 PONCE DE LEON BLVD #234		NAME		
STREET ADDRESS	CORAL GABLES FL 33134		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	TD STAFF, MARI BLANCA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALLE 50, BANK OF AMERICA		NAME		
STREET ADDRESS	PANAMA, REP. OF PANAMA		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	VP HENRIQUEZ, MARIO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	% 717 PONCE DE LEON BLVD.		NAME		
STREET ADDRESS	CORAL GABLES FL		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		



1st MOORE CR2E034 (10/06)

4. FEI Number **98-0065434** Applied For
Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* *Maria Henriquez* 04/04/07 (305) 381-8790