


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90323 022 \*\*\*\*55.00

**DOCUMENT # L06000055489**

1. Entity Name  
**YO SOY I AM, LLC**



Principal Place of Business  
**10440 NIGHTENGALE DRIVE  
 RIVERVIEW, FL 33569**

Mailing Address  
**10440 NIGHTENGALE DRIVE  
 RIVERVIEW, FL 33569**

2. Principal Place of Business - No P.O. Box #  
*10440 Nightengale Drive*

3. Mailing Address  
*Same as*

Suite, Apt. #, etc.  
*9*

Suite, Apt. #, etc.  
*above*

City & State  
*Riverview FL*

City & State

Zip  
*33569*

Country  
*US*

Zip

Country

00030000



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number *205601838*  
*205001838*

Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

**MAYO, IVETTE S**  
**10440 NIGHTENGALE DRIVE**  
**RIVERVIEW, FL 33569**

**7. Name and Address of New Registered Agent**

Name  
*N/A*

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 *IVETTE S MAYO* DATE *4/30/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MAYO, IVETTE S	10440 NIGHTENGALE DRIVE	RIVERVIEW, FL 33569	<input type="checkbox"/>
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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *IVETTE S MAYO* DATE *4/30/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #