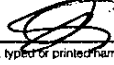
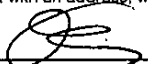


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90084 029 ***150.00

DOCUMENT # P02000128467 1. Entity Name YAYO CAFE, INC.					
Principal Place of Business 2300 CORAL WAY SUITE #200 MIAMI, FL 33145			Mailing Address 2300 CORAL WAY SUITE #200 MIAMI, FL 33145		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0670344	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICE, INC. 2300 CORAL WAY SUITE #200 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Aleida LLIRALDI Street Address (P.O. Box Number is Not Acceptable) 6200 SW 6 STREET MIAMI FL 33144 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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PSTD HERRERA, ALBERTO 2729 SW 18TH STREET MIAMI, FL 33145 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Aleida LLIRALDI 6200 SW 6 STREET MIAMI FL 33144 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Aleida LLIRALDI 2/9/05 (305) 441-8801 /Date Daytime Phone #		