## **3 2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 11, 2006 8:00 am Secretary of State **DOCUMENT # P05000136419** 04-21-2006 90119 015 \*\*\*150.00 Y G R AND ASSOCIATES INC. Principal Place of Business Mailing Address 5849 W. FLAGLER ST. P.O. BOX 65-2336 66016053 MIAML FL 33144-3316 MIAMIL FL 33265-2336 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. 4, etc. 04052008 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional Country Country 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUIZ, YOLANDA G. Street Address (P.O. Box Number is Not Acceptable) 5849 W. FLAGLER ST. MIAMI, FL 33144-3316 Zin 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. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fee ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TIPE Delete TILE Change Addition NAME RUIZ, YOLANDA G. NAME STREET ADORESS 3760 SW 141 AVE. STREET ADDRESS CITY-ST-ZP MIAMI, FL. 33175 CITY-SI-7P TETLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST- 2P ☐ Change ☐ Addition TITLE ☐ Delete TIRE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 011Y-51-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZP CITY-ST-ZP me TITLE Octes ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-5T-ZP CITY-ST-ZP TILE Octes Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZP 12. Thereby 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, withy light other fixe empowered. SIGNATURE:

**FILED** 



ATTACHMENT 66016059

## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2006

Y G R AND ASSOCIATES INC. P.O. BOX 65-2336 MIAMI, FL 33265-2336

Subject: Y G R AND ASSOCIATES INC.

Reference Number:

P05000136419

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION Enchose Annual Report Correct FEI-2048225

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thanks.

P.O. BOX 6327 - Tallahassee, Florida 32314

## Federal Tax ID / Ell

This is your provisional Employer Identification Number: 20-4822515

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Today's Date is: May 05, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax Information for your business or organization.

If you have input—by of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-500-829-4933. Monday—Enday, 7:30am—to 30pm. If you do not want to call, please make corrections on the latter you race ve confirming your EIN and return it to the IRS.

If you are going to complete other un-line applications that require your Employer Identific tion Number (EM) you can copy it by performing the following steps:

- 1) Use your mous to highlight your EIN (blue number on too of page) by moving your point inon top of the number.
- 2) Press the Cirl (by at the same time pressing the Cikey).

Once you copy your E-N you can paste it in the appropriate place by pressing the Otri key at the Lame time pressing the Vikey.

You may click on the buttons below for different print options or to fill out another Form SS--

Review and Print Form CD4 ... Fill Out Another Form 3544 ...

Click here to relian to the Internet Employer identification Number landing (start) page.