


FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90084 021 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000026247			
1. Entity Name YUMMI UMMI, INC.			
Principal Place of Business 6320 CORAL LAKE DRIVE MARGATE, FL 33063		Mailing Address 6320 CORAL LAKE DRIVE MARGATE, FL 33063	
2. Principal Place of Business - No P.O. Box # 2841 N Ocean Blvd Suite, Apt. #, etc. #901		3. Mailing Address 2841 N Ocean Blvd Suite, Apt. #, etc. #901	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33308		Zip 33308	
Country USA		Country USA	
4. FEI Number 65-0734809		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KASS, SHIRLEY 6320 CORAL LAKE DRIVE MARGATE, FL 33063		7. Name and Address of New Registered Agent Name: Amiram Cohen Street Address (P.O. Box Number is Not Acceptable): 2841 N. Ocean Blvd. #901 City: Ft. Lauderdale FL Zip Code: 33308	
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: <i>[Signature]</i> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	P COHEN, MARILYN K MRS 2841 N OCEAN BLVD #901 FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Amiran Cohen 2841 N. Ocean Blvd #901 Ft. Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <i>[Signature]</i>		Date: _____ Daytime Phone #: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Amiran Cohen			

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