


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91253 022 ***150.00

DOCUMENT # P03000077652

1. Entity Name
YUCA CORAL GABLES, INC.



Principal Place of Business
**388 GIRALDA AVENUE
 CORAL GABLES, FL 33134**

Mailing Address
**388 GIRALDA AVENUE
 CORAL GABLES, FL 33134**

34000000



2. Principal Place of Business
394 Giralda Avenue

3. Mailing Address
2655 LeJeune Road

Suite, Apt. #, etc.
Suite 802

04292004 Chg-P CR2E034 (10/03)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
USA

4. FEI Number
14-1889489

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**GARCIA, DAVID R
 2655 LEJEUNE ROAD
 SUITE 802
 CORAL GABLES, FL 33134**

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

7. Name and Address of New Registered Agent

Name

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE (P) NAME STREET ADDRESS CITY-ST-ZIP	President (P) Amancio V. Suarez 2655 LeJeune Road, Suite 802 Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE (V.S) NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Secretary David R. Garcia 2655 LeJeune Road, Suite 802 Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE (T) NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Julia Garcia 2655 LeJeune Road, Suite 802 Coral Gables, FL 33134	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> 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: Julia Garcia, Treasurer 4/29/04 305-442-9270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #