

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077652

FILED  
Jan 28, 2005  
Secretary of State

Entity Name: YUCA CORAL GABLES, INC.

## Current Principal Place of Business:

394 GIRALDA AVENUE  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2655 LEJEUNE ROAD  
SUITE 802  
CORAL GABLES, FL 33134

## Current Mailing Address:

2655 LEJEUNE ROAD, SUITE 802  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 14-1889489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SUAREZ, AMANCIO V  
Address: 2655 LEJEUNE ROAD, SUITE 802  
City-St-Zip: CORAL GABLES, FL 33134

Title: VS ( ) Delete  
Name: GARCIA, DAVID R  
Address: 2655 LEJEUNE ROAD, SUITE 802  
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Delete  
Name: GARCIA, JULIA  
Address: 2655 LEJEUNE ROAD, SUITE 802  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition  
Name: GARCIA, JULIA  
Address: 2655 LEJEUNE ROAD, SUITE 802  
City-St-Zip: CORAL GABLES, FL 33134

Title: V/S (X) Change ( ) Addition  
Name: GARCIA, DAVID R  
Address: 2655 LEJEUNE ROAD, SUITE 802  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA GARCIA

P

01/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date