2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State
03-23-2007 90027 002 ***150.00

DOCUMENT # P04000133512

1. Entity Name
YUMI INTERNATIONAL, INC.

Principal Place of Business
15400 BISCAYNE BLVD
SUITE 106 N. MIAMI BEACH
FL 33160

Mailing Address
15400 BISCAYNE BLVD
SUITE 106 N. MIAMI, BEACH
FL 33160

4004000

03132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number 26-0096954 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHEMESH, MARIA R
18407 W DIXIE HWY N
MIAMI BCH, FL 33160

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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 ☒ Delete
NAME	BALBAS, YUMIRVA J
STREET ADDRESS	19610 NE 26 AVE
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	ST ☒ Delete
NAME	SHEMESH, MARIA R
STREET ADDRESS	18407 W DIXIE HWY N
CITY-ST-ZIP	MIAMI BCH, FL 33160
TITLE	P ☐ Delete
NAME	YUMIRVA BALBAS
STREET ADDRESS	15400 BISCAYNE BLVD
CITY-ST-ZIP	SUITE 106 N. MIAMI BCH FL 33160
TITLE	P ☐ Delete
NAME	YUMIRVA BALBAS
STREET ADDRESS	15400 BISCAYNE BLVD.
CITY-ST-ZIP	SUITE 106 N. MIAMI BEACH FL 33160
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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