
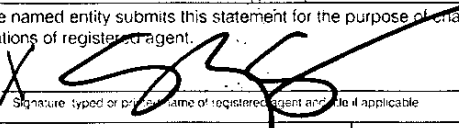
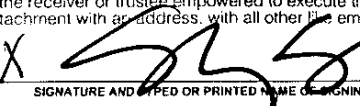


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90098 001 \*\*\*150.00

<b>DOCUMENT # 290877</b> 1. Entity Name <b>YENO MON INC</b>					
Principal Place of Business <b>523 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236-7104</b>			Mailing Address <b>523 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236-7104</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1100 Ben Franklin Dr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#202</b>			
City & State		City & State <b>Sarasota, FL</b>			
Zip	Country	Zip <b>34236</b>	Country	4. FEI Number <b>59-1378296</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHERR, S SY 523 S WASHINGTON BLVD SARASOTA, FL</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1100 Ben Franklin Dr</b> <b>#202</b> City <b>Sarasota, FL</b> Zip Code <b>34236</b>		
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: 					
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when translating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	D SHERR, LINDA B. <del>523 SO. WASHINGTON BLVD.</del> SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 Ben Franklin Dr #202 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERR, SEYMOUR SY <del>523 SO. WASHINGTON BLVD.</del> SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 Ben Franklin Dr #202 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SHERR, SEYMOUR SY <del>523 S WASHINGTON BLVD</del> SARASOTA, FL 00000.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 Ben Franklin Dr 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>(Seymour Sy Sherr)</b>		
DATE: <b>2/8/07</b>			DAYTIME PHONE: <b>941.388.5577</b>		

40014850



02082007 Chg-P CR2E034 (12/06)

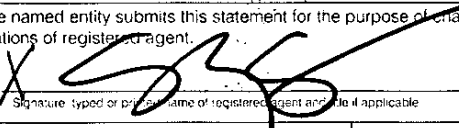
Applied For  
Not Applicable

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)  
#202  
City Sarasota, FL Zip Code 34236

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 translating) DATE

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After May 1, 2007 Fee will be \$550.00**

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

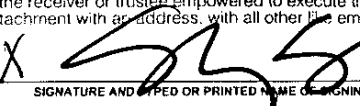
10. OFFICERS AND DIRECTORS

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SHERR, SEYMOUR SY <del>523 S WASHINGTON BLVD</del> SARASOTA, FL 00000.	<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	1100 Ben Franklin Dr #202 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **(Seymour Sy Sherr)** DATE: **2/8/07** DAYTIME PHONE: **941.388.5577**