

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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01232007 Chg-P CR2E034 (12/06)

DOCUMENT # 679144			
1. Entity Name YAMATO-SHOKAI, INC.			
Principal Place of Business 1700 N.W. 93RD AVENUE DORAL, FL 33172		Mailing Address 1700 N.W. 93RD AVENUE DORAL, FL 33172	
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 59-2264017		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONZALEZ, EDITH 10400 S.W. 92 AVENUE MIAMI, FL 33176		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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD GONZALEZ, REINALDO 10400 SW 92 AVENUE MIAMI, FL 0, ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GONZALEZ, EDITH 10400 SW 92 AVENUE MIAMI, FL 0, ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GONZALEZ, AILEEN 10400 SW 92 AVENUE MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GONZALEZ AILEEN 5301 Collins Ave Apt. 2907 MIAMI BEACH FL 33141 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GONZALEZ, LYNNE 10400 SW 92 AVENUE MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GONZALEZ LYNNE 818 Mendoza Coral Gables, Florida 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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>Edith Gonzalez</i>		1/23/07 305 592 8026	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	