2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2007 08:00 AM Secretary of State

Daylima Phone #

	AMMOALI	LFORI		7	Cognet	army of Ctat
DOCUMENT # F0400006962 1. Entity Name GARRETT YEBERNETSKY INTERIORS, INC.					Secret	ary of State
1350 LENO		Mailing Address 1350 LENOX AVENUE MIAMI BEACH, FL 33139				1. 20/10
				, , , , , , , , , , , , , , , , , , , ,	chg-P CR2E03	,
	OO NOT WRITE I	N THIS SPA	CE	FEI Number 13-4046186 Certificate of Status		Applied For Not Applicable 8.75 Additional Required
	6. Name and Address of Current Reg	stered Agent		7 10. 2 2. 3	3.5 字,图图3.参照	C 200 C 10
GYI, INC. 1350 LENOX AVENUE MIAMI BEACH, FL 33139			DO NOT WRITE IN THIS SPACE			
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						
	s named entity submits this statement for the tions of registered agent.	brithose or custiding its redister	ed office of register	ed agent, or both, in the	State of Fibrida. Familia	Time With and adoopt
SIGNATURE.						
0.010.110.12.	Signature, typed or printed name of registered agent and in	e il applicable (NOTE: Registeri	ed Agent signature required	i when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND DIR	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	DCPS YEBERNETSKY, GARRETT 1350 LENOX AVENUE MIAMI BEACH, FL 33139					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CARSON, SAMUEL L DIRECTO 1350 LENOX AVE. MIAMI BEACH, FL 33139				000000667 03/26/07-800	062 013-013 150.00
TITLE NAME STREET ADDRESS	WITHIN DEPOT, I E 00100		ATT LONG		T WRITE	
CITY-ST-ZIP			. ,		and the second	
TITLE NAME			, ,	IN THIS	SSPACE	
STREET ADDRESS CITY-ST-ZIP	,	·				
TITLE NAME STREET ADDRESS				range in Anii. Anii an Anii.		
CITY-ST-ZIP TITLE	Carrier Chila Carami					
NAMES LATES	KARAPET BANDAN SELEMBER STORE	इ.स.च्याप्तास्त्रक्षत्रः । स्थापन्ताः अवद्यान्त्रः स्थापन्ताः स्थापन्ताः । स्थापन्ताः स्थापन्ताः स्थापन्ताः स्	aprior mi po po	ها دولها م شيخته أو المراجع ال	n neghinesk park in the skiple of a side	415,41

12. Thereby 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 AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE >