

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

2008 JAN 17 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G02117

1. Entity Name
YRA-MAR INDUSTRIES, INC.



Principal Place of Business
~~% ANTONIO ARGIZ~~
1001 BRICKELL BAY DRIVE, 9TH FLOOR
MIAMI, FL 33131

Mailing Address
2121 Ponce de Leon Blvd # 330
~~% ANTONIO ARGIZ~~
1001 BRICKELL BAY DRIVE, 9TH FLOOR
MIAMI, FL 33131
Coral Gables, FL 33134



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2255808

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

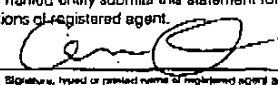
6. Name and Address of Current Registered Agent

~~ARGIZ ANTONIO~~
~~% ANTONIO ARGIZ~~
1001 BRICKELL BAY DRIVE, 9TH FLOOR
MIAMI, FL 33131

Michael ORTIZ P.A.
2121 Ponce de Leon Blvd Suite 330
Coral Gables, FL 33134

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7. 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:  DATE: 02/22/07 90026 018 \$150.00

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

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
NAME	IRAUSQUIN, JESUS
STREET ADDRESS	2121 N BAYSHORE DR., 619
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	V
NAME	IRAUSQUIN, HAROLD
STREET ADDRESS	2121 N BAYSHORE DR., 619
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	S
NAME	Ortiz, Michael
STREET ADDRESS	2121 Ponce de Leon Blvd, Ste 330
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  DATE: 2/16/07 (305)476-5790

Signature, typed or printed name of signing officer or director