2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address

SIGNATURE:

with a

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

l o**j**her like empowered.

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # K19879 1. Entity Name Y.B. DUL, INC. Mailing Address Principal Place of Business 4300 SW 73RD AVE SUITE 105 MIAMI FL 33155 4300 SW 73RD AVE SUITE 105 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0048389 Not Applicable \$8.75 Additional Country Zlo αíΣ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TABAS, FREEDMAN & SOLOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 25 SE 2ND AVENUE SUITE 919 **MIAMI FL 33131** Zip Code 3. 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10, Change Addition THE Delete 11116 NAME NAME RARES, JOSEPH W U00000313120 STREET ADDRESS 94/18/05-80112-009 150.00 4300 SW 73RD AVE STE 105 STREET ADDRESS MIAMI FL 33155 CHY-S1-ZIP CITY - ST - ZIP Change ☐ Addition MLE Delete HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-AP ☐ Change Addition ☐ Delete TIBLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ∏ Addition HILE Delete ante NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS _CrfY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowers tig execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED