


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # K87624 1. Entity Name YENGLE ENTERPRISES, INC.		
Principal Place of Business 4213 PONCE DE LEON BLVD CORAL GABLES, FL 33146		Mailing Address 4213 PONCE DE LEON BLVD CORAL GABLES, FL 33146
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent YENGLE, ALEJANDRO F. 4213 PONCE DE LEON BLVD CORAL GABLES, FL 33146		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 the obligations of registered agent SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YENGLE, ALEJANDRO F. 4213 PONCE DE LEON BLVD CORAL GABLES, FL	DO NOT WRITE IN THIS SPACE 000000587010 01/17/07-80014-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YENGLE, PATRICIA R. 4213 PONCE DE LEON BLVD CORAL GABLES, FL	
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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:  ALEX YENGLE		Date 01/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____