

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90207 009 \*\*\*\*55.00

**20004492**



<b>DOCUMENT # L06000084758</b> 1. Entity Name YOJUDI LLC.					
Principal Place of Business 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134		
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 <b>86-1174107</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  PRATS, GABRIEL 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <b>PRATS FERNANDEZ &amp; COMPANY</b> Street Address (P.O. Box Number is Not Acceptable)  <b>2121 PONCE DE LEON BLVD 240</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Make check payable to <b>Florida Department of State</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YOJUDI INTERNATIONAL LTD 2121 PONCE DE LEON BLVD. 240 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VILLAFANE, MARIA YOLANDA 2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL. 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENDOZA, MAURICIO 2121 PONCE DE LEON BLVD. 240 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VILLAFANE, MARIA YOLANDA 2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL. 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENDOZA, MAURICIO 2121 PONCE DE LEON BLVD. 240 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VILLAFANE, MARIA YOLANDA 2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL. 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENDOZA, MAURICIO 2121 PONCE DE LEON BLVD. 240 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VILLAFANE, MARIA YOLANDA 2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL. 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENDOZA, MAURICIO 2121 PONCE DE LEON BLVD. 240 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VILLAFANE, MARIA YOLANDA 2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL. 33134	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					