

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 22, 2008 8:00 am  
Secretary of State**

01-22-2008 90046 005 \*\*\*150.00

DOCUMENT # L18996

1. Entity Name  
BOTANICA YEMAYA Y CHANGO, INC.



Principal Place of Business  
% ROSA MARIA VILLAMIA  
6111 SW 8TH ST.  
MIAMI, FL 33144

Mailing Address

% ROSA MARIA VILLAMIA  
6111 SW 8TH ST.  
MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

**6. Name and Address of Current Registered Agent**

VILLAMIA, ROSA MARIA  
6111 SW 8TH ST.  
MIAMI, FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  Delete  
NAME VILLAMIA, ROSA MARIA  
STREET ADDRESS 6111 SW 8TH ST.  
CITY-ST-ZIP MIAMI, FL 33144

TITLE VP  Delete  
NAME OSPINA, JASON A  
STREET ADDRESS 6111 SW 8 ST  
CITY-ST-ZIP MIAMI, FL 33144

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Rosa M. Villamia**

**President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/08**

Date

**305-267-7858**

Daytime Phone #

**40006472**



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