2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 8:00 am Secretary of State

Signature Part Pa	DOCUMENT # L78867 1. Entity Name YAZOO FABRICATION, INC.				03-03-2006 90126 001 ***158.75					
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 5, etc. 1 Suite, Apt. 4, etc. Suite, Apt. 4, etc.	5640 COLLIN SUITE 3B	NS AVE	C/O ROBBINS SPIELMAN 888 7th Avenue - 35th Floor		F TERMEN SIT I		£ \$	1 B/B/J E/BJ/ E/B/	 [] 	
City & State Country City & Country City & State State Address of Status Desired \$ 38.75 Additional Flow Registered Agent Name Name Name Street Address of Port Box Number is Not Acceptable) Street Address of Port Box Number is Not Acceptable) Street Address of Port Box Number is Not Acceptable) City FL Zip Code Street Address of Port Box Number is Not Acceptable) City FL Zip Code Street Address of Port Box Number is Not Acceptable) Street	2. Principal Place of Business		3. Mailing Address C/O RICHARD KOENIGSBERG							
The Application of Properties Agent The Application The State of Florida The Application The	Suite, Apt. #, etc.		Suite, Apt. #, etc. 888 7th AVENUE - 35th FLOOR		01042006	Chg-P	CR2E034 (11/05)			
S. Certificate of Status Desired Marie Status Desired Marie	City & State		NEW YORK , NY							
HARRIS, THOMAS S640 COLLINS AVE #38 MIAMI BEACH, FL 33140 8. The above named entity submits this statement for the purpose of changing its registered diffee or registered agent, or both, in the State of Florida. I am familiar with, and socious the obligations of registered agent and site if statement for the purpose of changing its registered diffee or registered agent, or both, in the State of Florida. I am familiar with, and socious the obligations of registered agent and site if statement of the purpose of changing its registered diffee or registered agent, or both, in the State of Florida. I am familiar with, and socious the obligations of registered agent and site if statement of the purpose of changing is registered defined agent age	Zip		101.06	Country US				Fee Required		
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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 socious of registered agent. SIGNATURE TILE NOW!!! FEE IS \$150.00	5640 COLLINS AVE #3B			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and sort the obligations of registered agent. SIGNATURE Signature	MIAMI BEACH, FL 33140			City			FI	Zip Code	•	
SIGNATURE Signature, typod or oresed nerve of registered agent and title if applicable. IVATE: Registered Agent signature (required when remitating) DATE	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									
### FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE P	SIGNATURE									
After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PHARRIS, THOMAS SIREEI ADDRESS CITY-ST-2P TITLE MAME SIR	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
TITLE	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
MAME SIREET ADDRESS CITY-ST-2P MIAMI, FL TITLE NAME SIREET ADDRESS CITY-S1-2IP TITLE NAME NAME NAME NAME SIREET ADDRESS CITY-S1-2IP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
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CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filting 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 direct	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-SI-ZIP		Clarida Carriera			Addition Addition	

12. Thereby certify that the information supplied with this liting does not quality 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 if 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:

homas Harris THOMAS HARAIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeb 24 06