

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M25823

1. Entity Name
YOIL INTERNATIONAL, INC.



Principal Place of Business
**1825 COLLINS AVE
MIAMI BEACH, FL 33139**

Mailing Address
**1825 COLLINS AVE
MIAMI BEACH, FL 33139**



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2385514

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AVINO, PETER
1825 COLLINS AVE
MIAMI BEACH, FL 33139**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Peter Avino

2-11-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	RIANDE DE VICTORIA, LUCIA
STREET ADDRESS	VIA ESPANA Y CALLE RICARDO ARIAS
CITY-ST-ZIP	PANAMA 7, REPUB DE PANAMA,
TITLE	P
NAME	LUZZI DE RIANDE, YOLANDA
STREET ADDRESS	VIA ESPANA Y CALLE RICARDO ARIAS
CITY-ST-ZIP	PANAMA 7 REPUB OF PANAMA,
TITLE	T
NAME	RIANDE LUZZI, DOLORES
STREET ADDRESS	VIA ESPANA Y CALLE RICARDO ARIAS
CITY-ST-ZIP	PANAMA 7 REPUB OF PANAMA,
TITLE	C
NAME	LUZZI DE ALVARADO, MAXINE
STREET ADDRESS	VIA ESPANA Y CALLE RICARDO ARIAS
CITY-ST-ZIP	PANAMA 7 REP DE PANAMA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #