2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44878

FILED Feb 11, 2009 Secretary of State

Entity Name: YAGUAJAY SOCIAL CLUB 91 CORP.

	Principal Place of Business:	New Principal Place of Business:
020 NW /IIAMI, FL		
Current N	Mailing Address:	New Mailing Address:
020 NW /IIAMI, FL		
El Number	r: 65-0330577 FEI Number Applied Fo	r () FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of Current Registered Ag	gent: Name and Address of New Registered Agent:
BRACERA 1020 NW MIAMI, FL		
	e named entity submits this statement e of Florida.	for the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registe	ered Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Nddress: Dity-St-Zip:	D () Delete VAZQUEZ, FROILAN 3824 SW 79TH AVE UNIT 111 MIAMI, FL 33155	Title: () Change () Addition Name: Address: City-St-Zip:
lame: .ddress:	D () Delete LEIVA, ARNALDO 3961 W 8TH AVE HIALEAH, FL 33012	Title: () Change () Addition Name: Address: City-St-Zip:
lame: ddress: city-St-Zip: itle: lame: ddress:	LEIVA, ARNALDO 3961 W 8TH AVE	Name: Address:
itle: lame: .ddress: .city-St-Zip: .itle: lame: .ddress: .city-St-Zip: .itle: .lame: .ddress: .city-St-Zip: .ddress: .city-St-Zip:	LEIVA, ARNALDO 3961 W 8TH AVE HIALEAH, FL 33012 D () Delete BRACERAS, FERMIN 1020 NW 34TH AVE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
lame: .ddress: bity-St-Zip: litle: lame: .ddress: bity-St-Zip: litle: lame: .ddress:	LEIVA, ARNALDO 3961 W 8TH AVE HIALEAH, FL 33012 D () Delete BRACERAS, FERMIN 1020 NW 34TH AVE MIAMI, FL 33125 D () Delete LOPEZ, DIEGO GUSTAVO 6320E 4TH AVE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERMIN BRACERAS D 02/11/2009