

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P00000011088**

1. Entity Name

**YC 2402, INC.**

Principal Place of Business  
**c/o Jose A. Rodriguez, Esq.**

Mailing Address  
**c/o Jose A. Rodriguez, Esq.**

2. Principal Place of Business  
**100 SE 2<sup>nd</sup> Street**

3. Mailing Address  
**100 SE 2<sup>nd</sup> Street**

Suite, Apt. #, etc.  
**Suite 2900**

Suite, Apt. #, etc.  
**Suite 2900**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33131**

Country  
**US**

Zip  
**33131**

Country  
**US**

4. FEI Number  
**36-4343425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name

**Jose A. Rodriguez, Esq.**

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

**100 S.E. Second Street**

**Suite 2900**

City

**Miami**

FL

Zip

**33131**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$150.00  
DUE BY MAY 1, 2005

Make Check Payable to  
Florida Department of State

9. MANAGING MEMBERS/ MEMBERS

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP

**DPST**  
**Stivelberg, Andrea**  
**90 Alton Road, Suite 2402**  
**Miami Beach, FL 33139**

☐ Delete

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET  
ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/ CHANGES

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP

**DPST**  
**Stivelberg, Andrea**  
**100 SE 2<sup>nd</sup> Street, Suite 2900**  
**Miami, FL 33131**

☒ Change ☐ Addition

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**Andrea Stivelberg 3-18-05 3054233426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #