

**2006 FOR PROFIT CORPORATE  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000097513

1. Entity Name  
YARE INVESTMENT, CORP.



Principal Place of Business  
1061 LAVANDER CIRCLE  
WESTON, FL 33327

Mailing Address  
1061 LAVANDER CIRCLE  
WESTON, FL 33327



01102006 No Chg-P CR2E034(11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1119057

Applied For  
Not Applicable

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

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

CABANAS & ASSOCIATES, PA  
10520 NW 26TH STREET  
SUITE C 201  
DORAL, FL 33172

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its 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)

Signature required when reinstating

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
EGER, SALO J  
10520 NW 26TH STREET C201  
DORAL, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BIANCULLI, JOSE A  
10520 NW 26TH STREET C201  
DORAL, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EGER, NAVA G  
10520 NW 26TH STREET C201  
DORAL, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000385274  
01/18/06-80009-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

tions contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

01/10/06 9543850482  
Date Daytime Phone #