


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

01-19-2006 90103 037 ***150.00

DOCUMENT # P01000002949
 1. Entity Name
YAMILE'S HOME, INC.



Principal Place of Business Mailing Address
6135 W 8TH AVENUE **6135 W 8TH AVENUE**
HIALEAH, FL 33012 **HIALEAH, FL 33012**

66021732



DO NOT WRITE IN THIS SPACE

01072006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0922529 Not Applicable

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

6. Name and Address of Current Registered Agent
ESPINOSA, SILVIA I
6135 W 8 AVENUE
HIALEAH, FL 33012

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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 accept the obligations of registered agent.

SIGNATURE Silvia I Espinosa Silvia I Espinosa - 01/09/06
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ESPINOSA, SILVIA I 6135 W 8TH AVENUE HIALEAH, FL 33012
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12. I hereby certify that the information supplied with this filing 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 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: Silvia I Espinosa Silvia I Espinosa 7/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certified Phone #