


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90021 016 \*\*\*150.00

<b>DOCUMENT # P01000056024</b>	
1. Entity Name <b>YOMA INTERNATIONAL, INC.</b>	

Principal Place of Business <b>1861 NW 97 AVE MIAMI FL 33172</b>	Mailing Address <b>5900 NW 97 AVE UNIT 1 MIAMI FL 33178</b>
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2. Principal Place of Business - No P.O. Box # <b>5900 NW 97 AVE</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>UNIT 1</b>	Suite, Apt. #, etc.
City & State <b>Miami, FL</b>	City & State
Zip <b>33178</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/07)

4. FEI Number <b>65-1110196</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DAGAND, MAGALY 1861 NW 97 AVE. MIAMI FL 33172</b>	
7. Name and Address of New Registered Agent Name <b>MAGALY DAGAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>5900 NW 97 AVE</b> <b>UNIT 1</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33178</b>	

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]* DATE 04/20/08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SEQUERA, YOVANY</b> <b>3785 NW 82ND AVE, SUITE 102</b> <b>MIAMI FL 33166</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DE LA LUZ MORAGA, MARIA</b> <b>3785 NW 82ND AVE, SUITE 102</b> <b>MIAMI FL 33166</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Yovany Sequera* *Yovany Sequera* 04/20/08 305-4701577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR