

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90018 009 ***150.00

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1. Entity Name
 YUTI HOLDINGS, INC.

Principal Place of Business: 255 ALHAMBRA CIRCLE SUITE 720 CORAL GABLES, FL 33134
 Mailing Address: 255 ALHAMBRA CIRCLE SUITE 720 CORAL GABLES, FL 33134

60004968

2. Principal Place of Business - No P.O. Box #: **3180 S.W. 133 Place**
 Suite, Apt. #, etc.

3. Mailing Address: **3180 S.W. 133 Place**
 Suite, Apt. #, etc.

City & State: **Miami, FL**

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01182007 Chg-P CR2E034 (12/06)

4. FEI Number: **65-1122431**

Applied For: Not Applicable

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

Zip: **33175**

Zip: **33175**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMANDO HERNANDEZ, CPA, PA
 255 ALHAMBRA CIRCLE SUITE 720
 CORAL GABLES, FL 33134

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **FL** Zip Code: _____

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 of authorized officer, director, registered agent, or both

Signature of the Secretary of State

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	HERNANDEZ, ARMANDO	
CITY ST ZIP	255 ALHAMBRA CIRCLE SUITE 720 CORAL GABLES, FL 33134	
NAME	PS	<input type="checkbox"/> Delete
STREET ADDRESS	MARTINEZ, MIDALYS	
CITY ST ZIP	255 ALHAMBRA CIR., STE 720 CORAL GABLES, FL 33134	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY ST ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY ST ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	VP	
STREET ADDRESS	Sandra Hernandez	
CITY ST ZIP	3180 SW 133 Place Miami, FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY ST ZIP		

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 provided 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, unchanged or on an attachment with an address, with a similar like empowered.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

1/23/07 (305) 444-8800