

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110327

Entity Name: YAMI BIOTECHNOLOGIES, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

930 NE 109 ST
BISCAYNE PARK, FL 33161

New Principal Place of Business:

930 NE 109 ST
BISCAYNE PARK, FL 33161 US

Current Mailing Address:

930 NE 109 ST
BISCAYNE PARK, FL 33161

New Mailing Address:

930 NE 109 ST
BISCAYNE PARK, FL 33161 US

FEI Number: 45-0464832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ILIANA I MD
930 NE 109 ST
BISCAYNE PARK, FL 33161 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MUÑOZ, DIEGO
Address: 930 NE 109 ST
City-St-Zip: BISCAYNE PARK, FL 33161

Title: S () Delete
Name: PAREDES, AMPARO
Address: 2270 OAK COURT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Delete
Name: ALVAREZ, ILIANA I MD
Address: 930 NE 109 STREET
City-St-Zip: BISCAYNE PARK, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ, ILIANA I MD
Address: 930 NE 109 ST
City-St-Zip: BISCAYNE PARK, FL 33161 US

Title: VP (X) Change () Addition
Name: MUNOZ, DIEGO
Address: 930 NE 109 STREET
City-St-Zip: BISCAYNE PARK, FL 33161 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILIANA I. ALVAREZ, MD

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date