

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90040 043 \*\*\*158.75

**DOCUMENT # P02000005501**

1. Entity Name  
**Y & G, INC.**

Principal Place of Business  
**4995 NW 72 AVE  
# 403  
MIAMI, FL 33166**

Mailing Address  
**11479 N.W. 50TH TERRACE  
MIAMI, FL 33178**

2. Principal Place of Business - No P.O. Box #  
**3280 NW 72 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**11228 NW 54 TERRACE**  
Suite, Apt. #, etc.

City & State  
**Miami - FL**  
Zip  
**33122**  
Country  
**USA**

City & State  
**Miami - FL**  
Zip  
**33178**  
Country  
**USA**

02012007 Chg-P CR2E034 (12/06)

4. FEI Number  
**04-3591004**  
Applied For  
Not Applicable

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

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

**GONZALEZ, NAYIBE  
4995 NW 72 AVE, # 403  
MIAMI, FL 33166**

**7. Name and Address of New Registered Agent**

Name  
**Gonzalez, Nayibe**  
Street Address (P.O. Box Number is Not Acceptable)  
**3280 NW 72 AVE**  
City  
**Miami** FL Zip Code  
**33122**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, LEONARDO 4995 NW 72 AVE< # 403 MIAMI, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, NAYIBE 4995 NW 72 AVE< # 403 MIAMI, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/2/07*