2004 FOR PROFIT CORPORATION ANNUAL REPORT

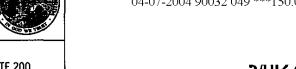
DOCUMENT # P02000027077 1. Entity Name

YOLASER REAL ESTATE CORPORATION



FILED Apr 07, 2004 8:00 am Secretary of State

04-07-2004 90032 049 ***150.00



Principal Place of Business Mailing Address C/O 1390 BRICKELL AVENUE, SUITE 200 C/O 1390 BRICKELL AVENUE, SUITE 200 **TECA1AUPG** MIAMI, FL 33131 MIAMI, FL 33131 Principal Place of Business Mailing Address 6 twe ban K Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 Chg-P CR2E034 (10/03) 1001 City & State City & State 4. FEI Number Applied For 47-0855921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTILLO, ALVARO B Street Address (P.O. Box Number is Not Acceptable) 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election: Campaign, Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NECCHI, SERGIO NAME STREET ADDRESS C/O 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP D TITLE ☐ Delete TITLE Change ■ Addition NECCHI, YOLANDA NAME NAME C/O 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33131 CITY - ST- 7IP Delete TITE F THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #