


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000027077
1. Entity Name
YOLASER REAL ESTATE CORPORATION



Principal Place of Business Mailing Address
9559 COLLINS AVE, APT 907 9559 COLLINS AVE, APT 907
MIAMI BEACH, FL 33154 MIAMI BEACH, FL 33154

DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
47-0855921 Not Applicable

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

6. Name and Address of Current Registered Agent

CASTILLO, ALVARO B
1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering)

**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

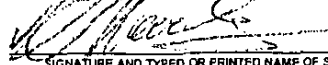
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NECCHI, SERGIO
STREET ADDRESS	9559 COLLINS AVE, APT 907
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	D
NAME	NECCHI, YOLANDA
STREET ADDRESS	9559 COLLINS AVE, APT 907
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/30/07-80004-003 150.00

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:  _____ DATE: 4/19/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR