## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT				FILED	
DOCUMENT # P02000050338					
YGR PROPERTIES, INC.				08 MAR -	7 PM 1:17
Principal Plac	e of Business	Mailing Address	The state of the s	SECNELLS	SSEE, FLORIDA
	CENTER BLVD	1608 TOWN CENTER BLVD WESTON, FL 33326		TALLAUA	0.00 m.
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DO NOT WRITE IN THIS SPACE				01222008 No Chg-P	CR2E034 (11/05)
				4. FEI Number 38-3654513	Not Applicable
			·38 30	5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>	6. Name and Address of Current	Registered Agent			
GOMES-RUANE, YEDDA 1088 LAGUNA SPRINGS DRIVE WESTON, FL 33326				DO NOT V	
WESTON,	, FL 33326			. IN THIS S	PACE
				and an early in the Class of S	Toolda I am familiar with and appear
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 U3/25/U3U1042U04 **317.50  Signature, typed or printed name of registored agent and use 6 applicable. (NOTE Registered Agent signature required when retristating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS			
TITLE NAME	D GOMES-RUANE, YEDDA				
STREET ADDRESS	10088 LAGUNA SPRINGS DRIV WESTON, FL 33326				
TITLE	742310H,1 E 333E3				
NAME STREET ADDRESS					
TITLE		<del></del>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
NAME					
STREET ADDRESS CITY-ST-ZIP		<u></u>		DO NOT W	
TITLE NAME		•		*** JIN: THIS S	PACE (
STREET ADORESS CITY-ST-ZIP					
TITLE					
STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP	certify that the information sorgatied with	this hing does not qualify for the ex	cemptions contained	in Chapter 119, Florida Statutes.	I further certify that the information
12. Thereby certify that the information specified with this him does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement all-peport is four and eccurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the regelver of suspectance where the execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the exemption of the corporation or an attachgent with all other like empowered.					
SIGNATURE: [ Makine pm 1/28/08 9543844560					
BIGNATURE AND TYPES OR PRINTED HAME OF EXCHING OFFICER OR DIRECTOR Date Outs Only Only Process &					