2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P02000069498



Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	1. Entity Name YANI GRO	OUP, INC.									
Suito, Apt. #, etc. Suito, Apt. #, etc. Suito, Apt. #, etc. O2052004 Chg-P CR2E034 (10/03) City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name RODRIGUEZ, JOSE A 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES, FL 33134 City FL 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 Florids. I am familiar with, and at the obligations of registered agent and the fapoicable. SIGNATURE Signature, typed or printed name of registered agent and the fapoicable. NOTE Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPS QARFUNKEL, RAFAEL SIRET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP SIRET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 901 Change ARE SIRET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 901	C/O LEONARI 201 ALHAMB	00 gravier Ra Circle, suite 901	C/O LEONARDO GRAV 201 ALHAMBRA CIRCI	C/O LEONARDO GRAVIER 201 ALHAMBRA CIRCLE, SUITE 901			88 11 9 11911 88 116 8811 8811		OGI OSDIB IDIBA 10	UE4 11 UA	
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INTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information dicated 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 dire	NAME STREET ADDRESS CITY-SI-ZIP	pertify that the information supplied wi	th this filing does not qualify to	NAME STRE CITY	E ET ADDRESS -ST-ZIP motion stated in Se	ection 119.07(3)(i), Florida Statutes	I further ce	rtify that the in	Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-1-04

305.445.6600