

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90240 001 ***600.00

DOCUMENT # P02000069498

1. Entity Name

YANI GROUP, INC.

Principal Place of Business
c/o Leonardo Gravier

Mailing Address
c/o Leonardo Gravier

2. Principal Place of Business
201 Alhambra Circle

3. Mailing Address
201 Alhambra Circle

Suite, Apt. #, etc.
Suite 901

Suite, Apt. #, etc.
Suite 901

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
03-0471955

Applied For
Not Applicable

Zip
33134

Country
US

Zip
33134

Country
US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name

Jose A. Rodriguez, Esq.

Street Address (P.O. Box Number is Not Acceptable)

100 S.E. Second Street

Suite 2900

City

Miami

FL

Zip

33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$150.00
DUE BY MAY 1, 2005**

**Make Check Payable to
Florida Department of State**

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DPS ☐ Delete
Garfunkel, Rafael
201 Alhambra Circle, Suite 901
Coral Gables, FL 33134

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
DVP
Garfunkel, Alejandra P
201 Alhambra Circle, Suite 901
Coral Gables, FL 33134

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
DT
Garfunkel, Diego Maximo
201 Alhambra Circle, Suite 901
Coral Gables, FL 33134

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-1-05 3054233426