2005 FOR PROFIT CORPORATION ANNUAL REPORT

--- May 03, 2005 08:00 AM Secretary of State DOCUMENT # P02000113425 1. Entity Name YLLACITO CORPORATION Principal Place of Business Mailing Address 3707 SW 97TH WAY 709 NW 84TH ST GAINESVILLE, FL 32608 GAINESVILLE, FL 32607 04262005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 14-1860362 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YNIGO, PETER Y DO NOT WRITE 3707 SW 97TH WAY GAINESVILLE, FL 32608 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. 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 Trust Fund Contribution, After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE YNIGO, PETER Y NAME STREET ADDRESS 3707 SW 97TH WAY CITY-ST-ZIP GAINESVILLE, FL 32608 U00000359384 05/04/05-80149-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CiTY -ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 comporation 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:

STREET ADDRESS CITY-ST-ZIP

NO TYPE ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

04-29-05

352-376-7020

Daytime Phone #

FILED