


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90395 022 \*\*\*150.00

<b>DOCUMENT # P02000113425</b>	
1. Entity Name <b>YLLACITO CORPORATION</b>	

Principal Place of Business <b>7452 SW 120TH STREET GAINESVILLE, FL 32608</b>	Mailing Address <b>6910 W. UNIVERSITY AVE, STE #2 GAINESVILLE, FL 32607</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>7452 S.W. 120<sup>th</sup> STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>GAINESVILLE, FL</b>	City & State <b>GAINESVILLE, FL</b>
Zip <b>32608</b>	Country <b>U.S.A.</b>

40001000



04252008 Chg-P CR2E034 (12/06)

4. FEI Number <b>14-1860362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>YNIGO, PETER Y 3707 SW 97TH WAY GAINESVILLE, FL 32608</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7452 SW 120<sup>th</sup> STREET</b> City <b>GAINESVILLE, FL</b> Zip Code <b>32608</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YNIGO, PETER Y</b>		NAME <b>YNIGO, PETER Y</b>	
STREET ADDRESS <b>7452 SW 120TH STREET</b>		STREET ADDRESS <b>7452 SW 120TH STREET</b>	
CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>		CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YNIGO, PEDRO E</b>		NAME <b>YNIGO, PEDRO E</b>	
STREET ADDRESS <b>7452 SW 120TH STREET</b>		STREET ADDRESS <b>7452 SW 120TH STREET</b>	
CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>		CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YNIGO, AURORA</b>		NAME <b>YNIGO, AURORA</b>	
STREET ADDRESS <b>7452 SW 120TH STREET</b>		STREET ADDRESS <b>7452 SW 120TH STREET</b>	
CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>		CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 reports 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:** \_\_\_\_\_ **04/24/08** **352-495-4259**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #