## 2007 FOR PROFIT CORPORATION

## Mar 30, 2007 8:00 am Secretary of State ANNUAL REPORT 03-30-2007 90126 007 \*\*\*150.00 DOCUMENT # P03000051617 THE YOZ GROUP, INC. Principal Place of Business Mailing Address 40045170 P 0 BOX 223592 7546 NW 116 LANE POMPANO BEACH, FL 33076 HOLLYWOOD, FL 33022 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 660 GRAYHAWK AVENUE 660 GRAYHAWK AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 03132007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For PLANTATION, FL PLANTATION, 02-0690304 Not Applicable · Zip Country \$8.75 Additional 5. Certificate of Status Desired 33324 USA 33324 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOSKOWITZ, MARTIN 9371 N.E. 15TH STREET Street Address (P.O. Box Number is Not Acceptable) 660 GRAYHAWK AVENUE PLANTATION, FL 33322 City PLANTATION, 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, lyoed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THLE X Change ☐ Addition YOSKOWITZ, MARTIN NAME NAME 660 GRAYHAWK AVENUE STREET ADDRESS 7546 NW 116 LANE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33076 PLANTATION, FL 33324 CITY - ST - ZIP X Delete TITLE Change K Addition YOSKOWITZ, FRED NAME NAME MARSHA YOSKOWITZ STREET ADDRESS 7546 NW 116 LANE STREET ADDRESS 660 GRAYHAWK AVENUE CITY-ST-ZIP PARKLAND, FL 33076 CITY-ST-ZIP PLANTATION, FL 33324 TITLE Defete TITLE Addition ☐ Change NAME NAME STREET ADDRESS SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST ZIP ☐ Defete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 in an attact method with an address, with all other rise empowered.

FILED

MARTIN YOSKOWITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: