

ATTACHMENT

1 of 2

2008 FOR PROFIT CORPORATION, ANNUAL REPORT

FILED

08 AUG -1 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07022008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0312140Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARMENATE, JOSE L
9370 SW 29 TERRACE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name

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

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 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

FILE NOW!!! FEE IS \$550.00
Due by September 12, 20089. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	CARMENATE, JOSE L	
STREET ADDRESS	9370 SW 29 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33165	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200133965672	
STREET ADDRESS	08/05/08--01004--016	
CITY-ST-ZIP	**150.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/8

07-28-08

2092

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FLORIDA. DEPT. OF STATE :
DIVISION OF CORPORATION
P. O. BOX 6327
TALLAHASSEE FL. 32314 .

DEAR MRS. ANDERSON :-

I have received your form for 2008 corp. annual report with my check .
will you please be advise that I ASKED SO MANY TIMES FOR THE FORM TO PAY
MY ANNUAL REPORT ON TIME , BUT I NEVER RECEIVED IT , REASON WHY I DID
NOT SEND THE CHECK BEFORE MAY LST. therefore I ask you to waived
my penalties due to the fact that is not my falt to pay it late .

also :-

I like to inform you that i am a humbold carpinter and as a matter of fact
I did not have a work since January 18-08 and I don'tknow haow bad is going
to be in the near future ,
Please accept. the check and cancell the PENALTIES .

Respecatly



YIYO CARPINTER INC.

Presidnet