
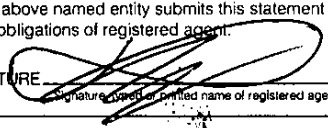
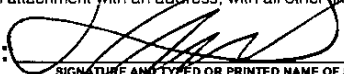


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90075 045 \*\*\*150.00

|  |                        |  |  |  |  |
|--|------------------------|--|--|--|--|
| DOCUMENT # P03000148882  |                        |  |  |         |  |
| 1. Entity Name<br>TAVERNA YASSOU INC   |                        |  |  |  |  |
| Principal Place of Business<br>2626 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33134  |                        |  | Mailing Address<br>2626 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33134  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                        | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |                        | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                        | City & State   |  | 4. FEI Number<br>20-0470512  |  |
| Zip  |                        | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                        |  | 7. Name and Address of New Registered Agent  |  |  |
| HATTAR, TAMARA<br>1901 LEJEUNE RD<br>APT. 4<br>CORAL GABLES, FL 33134  |                        |  | Name <u>Hattar, Tamara</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>625 Biltmore Way</u><br><u>Apt. 803</u><br>City <u>Coral Gables, FL</u> <b>FL</b> Zip Code <u>33134</u> |  |  |
| 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:    |                        | PRESIDENT  |  | DATE: <u>02-02-07</u>  |  |
| <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2007 Fee will be \$550.00</b></p>   |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS   |                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE  | PD                     | <input type="checkbox"/> Delete  | TITLE  | PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | HATTAR, TAMARA         |  | NAME   | Tamara Hattar  |  |
| STREET ADDRESS   | 1901 LEJEUNE RD APT 4  |  | STREET ADDRESS   | 625 Biltmore way, Apt 803  |  |
| CITY-ST-ZIP  | CORAL GABLES, FL 33134 |  | CITY-ST-ZIP  | Coral Gables, FL 33134   |  |
| TITLE  | VD                     | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | KHOURI, CHARLES H DR.  |  | NAME   |  |  |
| STREET ADDRESS   | 6100 SW 88TH STREET    |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33156        |  | CITY-ST-ZIP  |  |  |
| TITLE  | SD                     | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | MANASSA, MARCEL        |  | NAME   |  |  |
| STREET ADDRESS   | 13444 SW 88TH TERRACE  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33186        |  | 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  |  |  |
| 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 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:    |                        | TAMARA HATTAR  |  | DATE: <u>02-02-07</u> DAYTIME PHONE # <u>305.476.8111</u>                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                        | Date   |  | Daytime Phone #  |  |

90000000



02022007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0470512 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name Hattar, Tamara  
 Street Address (P.O. Box Number is Not Acceptable)  
625 Biltmore Way  
Apt. 803  
 City Coral Gables, FL **FL** Zip Code 33134

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                        |                                 |
|----------------------------|------------------------|---------------------------------|
| TITLE                      | PD                     | <input type="checkbox"/> Delete |
| NAME                       | HATTAR, TAMARA         |                                 |
| STREET ADDRESS             | 1901 LEJEUNE RD APT 4  |                                 |
| CITY-ST-ZIP                | CORAL GABLES, FL 33134 |                                 |
| TITLE                      | VD                     | <input type="checkbox"/> Delete |
| NAME                       | KHOURI, CHARLES H DR.  |                                 |
| STREET ADDRESS             | 6100 SW 88TH STREET    |                                 |
| CITY-ST-ZIP                | MIAMI, FL 33156        |                                 |
| TITLE                      | SD                     | <input type="checkbox"/> Delete |
| NAME                       | MANASSA, MARCEL        |                                 |
| STREET ADDRESS             | 13444 SW 88TH TERRACE  |                                 |
| CITY-ST-ZIP                | MIAMI, FL 33186        |                                 |
| TITLE                      |                        | <input type="checkbox"/> Delete |
| NAME                       |                        |                                 |
| STREET ADDRESS             |                        |                                 |
| CITY-ST-ZIP                |                        |                                 |
| TITLE                      |                        | <input type="checkbox"/> Delete |
| NAME                       |                        |                                 |
| STREET ADDRESS             |                        |                                 |
| CITY-ST-ZIP                |                        |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                           |  |
|---|---------------------------|--|
| TITLE   | PD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | Tamara Hattar             |  |
| STREET ADDRESS  | 625 Biltmore way, Apt 803 |  |
| CITY-ST-ZIP   | Coral Gables, FL 33134    |  |
| TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                           |  |
| STREET ADDRESS  |                           |  |
| CITY-ST-ZIP   |                           |  |
| TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                           |  |
| 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:  TAMARA HATTAR DATE: 02-02-07 DAYTIME PHONE # 305.476.8111