

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90001 002 \*\*\*150.00

<b>DOCUMENT # P04000033133</b> 1. Entity Name <b>YAPUR RAMIA, INC.</b>					
Principal Place of Business <b>1800 FIRWOOD CT ORLANDO, FL 32818</b>			Mailing Address <b>1800 FIRWOOD CT ORLANDO, FL 32818</b>		
2. Principal Place of Business - No P.O. Box # <b>1752 Burnham CT</b>		3. Mailing Address <b>1752 Burnham CT</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Clermont FL</b>		City & State <b>Clermont FL</b>		4. FEI Number <b>20-0726254</b>	
Zip <b>34714</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAMIA, JOSE Y 1800 FIRWOOD CT ORLANDO, FL 32818</b>				7. Name and Address of New Registered Agent Name <b>Ramia Jose Y</b> Street Address (P.O. Box Number is Not Acceptable) <b>1752 Burnham CT</b> City <b>Clermont</b> <b>FL</b> Zip Code <b>34714</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 <u><i>Jose Ramia</i></u> DATE <u><b>5-29-07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>RAMIA, JOSE Y</b> <del>2100 BRUTON BLVD</del> <del>ORLANDO, FL 32085</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1752 Burnham CT</b> <b>Clermont FL 34714</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jose Ramia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><b>5-29-07</b></u> Daytime Phone # <u><b>407 230 7288</b></u>		

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