2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90007 010 ***158.75 DOCUMENT # P04000081212 1. Entity Name YAU FAMILY INC. գկկյյցեւ Principal Place of Business Mailing Address 13911 SW 42 STREET 13911 SW 42 STREET 111 & 112 111 & 112 MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1248049 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE PROCESS SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE NAME YAU, RICARDO NAME 10720 SW 146TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP DV ☐ Delete Change ☐ Addition TITLE YAU, HUMBERTO NAME NAME 10720 SW 146TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP DS TITLE ☐ Delete TITLE Change ☐ Addition YAU, RAFAEL NAME NAME 10720 SW 146TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP Delete ☐ Change ☐ Addition YAU, ALFONSO NAME NAME 10720 SW 146TH AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P 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.

E OF SIGNING OFFICER OR DIRECTOR