FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90393 039 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000105856

1. Entity Name
Y P LAND, INC.

40075386

Principal Place of Business	Mailing Address
8474 NW 103 ST APT 103 HIALEAH, FL 33016	8474 NW 103 ST APT 103 HIALEAH, FL 33016

2. Principal Place of Business	3. Mailing Address
3597 W 71 Terr	3597 W 71 Terr
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33018 Country: USA	Zip: 33018 Country: USA

04052006 Cng-P CR2E034 (1/05)

4. FEI Number: 20-1383256 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ YELENA
8474 NW 103 ST
APT 103
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name: Gomez, Yelena
Street Address (P.O. Box Number is Not Acceptable): 3597 W 71 Terr
City: Hialeah FL Zip Code: 33018

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: x [signature] 4/5/06
NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: GOMEZ, YELENA STREET ADDRESS: 8474 NW 103 ST APT 103 CITY-ST-ZIP: HIALEAH, FL 33016	☐ Delete	TITLE: P NAME: Gomez, Yelena STREET ADDRESS: 3597 W 71 Terrace CITY-ST-ZIP: Hialeah, FL 33018	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #