2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141226

Entity Name: YAIBE CORP.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	MBRA CIRCLI		396 ALHAMBRA CIRC	LE	
CORAL GABLES, FL 33134 US			SUITE 210 CORAL GABLES, FL 3	33134 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
396 ALHAMBRA CIRCLE, STE. 210 CORAL GABLES, FL 33134 US			SUITE 210	396 ALHAMBRA CIRCLE, SUITE 210 CORAL GABLES, FL 33134 US	
FEI Number:	: 20-1732409	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	f New Registered Agent:	
RESTREPO, DIEGO L ESQ. 396 ALHAMBRA CIRCLE, STE. 210 CORAL GABLES, FL 33134 US			396 ALHAMBRA CIRC SUITE 210	RESTREPO, DIEGO L ESQ. 396 ALHAMBRA CIRCLE SUITE 210 CORAL GABLES, FL 33134 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DIEGO L RESTREPO				04/30/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title:	PD () Delete	Title:	() Change () Addition	
Name:	LOZADA, ALBI		Name:		
Address: City-St-Zip:		A CIRCLE, STE. 210 ES, FL 33134 US	Address: City-St-Zip:		
City-St-Zip.	CORAL GABLI	ES, FL 33134 03	City-St-Zip.		
Title:	D () Delete	Title:	() Change () Addition	
Name:	LOZADA, JOR	GE	Name:		
Address:		A CIRCLE, STE. 210	Address:		
City-St-Zip:	CORAL GABLI	ES, FL 33134 US	City-St-Zip:		
Title:	TD () Delete	Title:	() Change () Addition	
Name:	HERRERA, EC	,	Name:	() 9- ()	
Address:		A CIRCLE, STE. 210	Address:		
City-St-Zip:	CORAL GABLI	ES, FL 33134 US	City-St-Zip:		
Title:	S () Delete	Title:	() Change () Addition	
Name:	RESTREPO, C		Name:	· · · · · · · · · · · · · · · · · · ·	
Address:	396 ALHAMBR	A CIRCLE, STE. 210	Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALBERTO LOSADA PD 04/30/2007

CORAL GABLES, FL 33134 US

City-St-Zip: