

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90031 019 ***150.00

DOCUMENT # P05000003894

1. Entity Name
YACHT 6-107 CORP.



Principal Place of Business

19501 E. COUNTRY CLUB DR., #901
AVENTURA, FL 33180

Mailing Address

19501 E. COUNTRY CLUB DR., #901
AVENTURA, FL 33180

2. Principal Place of Business - No P.O. Box #

19601 E. COUNTRY CLUB DR.
Suite, Apt. #, etc. 7-208

3. Mailing Address

19601 E. COUNTRY CLUB DR.
Suite, Apt. #, etc. 7-208

04042007

Chg-P

CR2E034 (12/06)

4. FEI Number

71-1029919

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERBER, DANIEL J ESQ.
2875 NE 191ST ST., SUITE 801
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete
NAME ALTAMIRANO, DIEGO
STREET ADDRESS 19501 E. COUNTRY CLUB DR., #901
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D ☐ Delete
NAME DE ALTAMIRANO, VALERIA
STREET ADDRESS 19501 E. COUNTRY CLUB DR., #901
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIEGO ALTAMIRANO

Date

04/04/01 (32) 932-6262

Daytime Phone #