2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90096 042 ***150.00

DOCUMENT # P05000033157

1. Entity Name
YOKY INSULATION, INC.

Principal Place of Business	Mailing Address
835 W 30ST HIALEAH, FL 33012-5001	835 W 30ST HIALEAH, FL 33012-5001

02242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 15212 SW 172 TER		Suite, Apt. #, etc. 15212 SW 172 TER	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33187-6774	Country	Zip 33187-6774	Country

4. FEI Number 86-1131988 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, JAVIER 835 W 30ST HIALEAH, FL 33012-5001	Name PEREZ, JAVIER Street Address (P.O. Box Number is Not Acceptable) 15212 SW 172 TER City MIAMI FL Zip Code 33187-6774

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] 2-22-06
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, 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 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREZ, JAVIER SEE NEW ADDRESS 835 W 30ST HIALEAH, FL 330125001 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D PEREZ, JAVIER 15212 SW 172 TER MIAMI, FL. 33187-6774 ☒ Change ☐ Addition NEW ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D PEREZ, ISBEL 15212 SW 172 TER MIAMI, FL. 33187-6774 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] President 2-22-06 786-286-5877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #