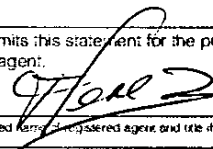
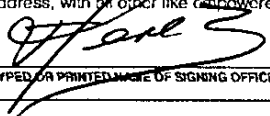


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 835 W 30ST HIALEAH, FL 33012-5001			Mailing Address 835 W 30ST HIALEAH, FL 33012-5001		
2. Principal Place of Business Suite, Apt. #, etc. 15212 SW 172 TBR		3. Mailing Address Suite, Apt. #, etc. 15212 SW 172 TBR			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 86-1131988	
Zip 33187-6774		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, JAVIER 835 W 30ST HIALEAH, FL 33012-5001				7. Name and Address of New Registered Agent Name PEREZ, JAVIER Street Address (P.O. Box Number is Not Acceptable) 15212 SW 172 TBR 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:  DATE: 2-22-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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 835 W 30ST HIALEAH, FL 330125001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PEREZ, JAVIER 15212 SW 172 TER MIAMI, FL. 33187-6774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete SEE NEW ADDRESS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition NEW ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition VP/D PEREZ, ISBEL 15212 SW 172 TER MIAMI, FL. 33187-6774	
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 or other like empowered.					
SIGNATURE:  President 2-22-06 786-286-5877 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					