2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P05000044375

1. Entity Name

YOANDRA'S STORE, INC

Principal Place of Business	Mailing Address
160 NW 27TH AVE. MIAMI FL 33125	160 NW 27TH AVE. MIAMI FL 33125

1st MOORE   CR2E034 (10/05)
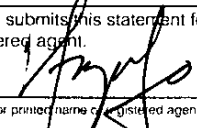
2. Principal Place of Business 407 SW 12 AVENUE	3. Mailing Address
Suite, Apt. #, etc. " D "	Suite, Apt. #, etc.

City & State MIAMI FL	City & State	**4.** FEI Number 20-2558501	Applied For / Not Applicable

Zip 33130	Country DADE	Zip	Country	**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**
ANGULO-RODRIGUEZ, YOANDRA 1260 SW 4TH ST 4 MIAMI FL 33135	Name YOANDRA ANGULO-RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 1260 SW 4 ST # 4 City MIAMI FL Zip Code 33135

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 _____   4-25-06

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
Make Check Payable to Florida Department of State

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	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ANGULO-RODRIGUEZ, YOANDRA		NAME			
STREET ADDRESS	1260 SW 4TH ST. # 4		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X _____   4-25-06   (786)312-8575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #