


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90069 002 ***150.00

DOCUMENT # P05000047997						
1. Entity Name Y & Y INVESTORS, INC.						
Principal Place of Business 18604 NW 47 PL MIAMI, FL 33055			Mailing Address 18604 NW 47 PL MIAMI, FL 33055			
2. Principal Place of Business - No P.O. Box # 17981 SW 41 ST		3. Mailing Address 17981 SW 41 ST				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012008 Chg-P CR2E034 (12/06)		
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 14-1928572		
Zip 33029		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAMACHO, JOSE 18604 NW 47 PL MIAMI, FL 33055			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP	NAME CAMACHO, JOSE		<input type="checkbox"/> Delete	TITLE 17981 SW 41 ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 18604 NW 47 PL	CITY-ST-ZIP MIAMI, FL 33055			STREET ADDRESS MIAMI FL 33029	CITY-ST-ZIP MIAMI FL 33029	
TITLE DV	NAME MARIN, MARIA Y		<input type="checkbox"/> Delete	TITLE 17981 SW 41 ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 18604 NW 47 PL	CITY-ST-ZIP MIAMI, FL 33055			STREET ADDRESS MIAMI FL 33029	CITY-ST-ZIP MIAMI FL 33029	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.						
SIGNATURE: _____				04-01-08 305 6234925		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		