2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 06, 2007 08:00 A Secretary of State **DOCUMENT # P05000067677** 1. Entity Name YESEX CAPITAL GROUP, INC. Principal Place of Business Mailing Address 6917 COLLINS AVE **6917 COLLINS AVE** #1502 #1502 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 No Chg-P CR2E034 (11/05) 04012007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2983261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STEVENS, ALEXANDER DO NOT WRITE 6917 COLLINS AVE #1502 IN THIS SPACE MIAMI BEACH, FL 33141 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees. After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME STEVENS, ALEXANDER STREET ADDRESS 6917 COLLINS AVE #1502 000000693435 CITY-ST-7IP MIAMI BEACH, FL 33141 04/16/07-80040-011 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP m F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 suppliemental 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 received or trustee empowered by 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:

NAME STREET ADDRESS CITY-ST-ZIP

ALEXANDER FREVENS

EXCHARLIBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 DARIL 2007

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