
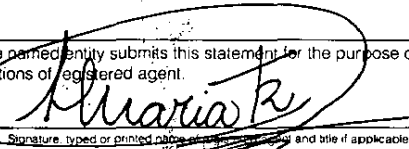
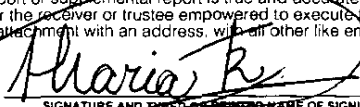


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90066 043 \*\*\*150.00

<b>DOCUMENT # P05000073152</b>					
<b>1. Entity Name</b> YUDMAR EXCLUSIVES, INC.					
<b>Principal Place of Business</b> 5697 NW 194 LANE CAROL CITY, FL 33055 US			<b>Mailing Address</b> 5697 NW 194 LANE CAROL CITY, FL 33055 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 7105 SW 8 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 306			
City & State		City & State MIAMI, FLORIDA			
Zip	Country	Zip 33144	Country DADE	04302007 Chg-P CR2E034 (12/06)	
<b>4. FEI Number</b> 20-2954219				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RODRIGUEZ, JORGE 5697 NW 194 LANE CAROL CITY, FL 33055			<b>7. Name and Address of New Registered Agent</b> Name: MARIA A. RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable): 5697 NW 194 LANE City: CAROL CITY FL Zip Code: 33055		
<b>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.</b> SIGNATURE:  DATE: 04-27-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RODRIGUEZ, JORGE 5697 NW 194 LANE CAROL CITY, FL 33055	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RODRIGUEZ, MARIA A 5697 NW 194 LANE CAROL CITY, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR 	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 04-27-07 (305)2263443		
<small>SIGNATURE AND EXACTLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					