

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000078888

1. Entity Name
YVES SARIANO, INC.



Principal Place of Business
**20201 EAST COUNTRY CLUB DRIVE
UNIT 502
AVENTURA, FL 33180 US**

Mailing Address
**20201 EAST COUNTRY CLUB DRIVE
UNIT 502
AVENTURA, FL 33180 US**



05142007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3058953

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COOPER, GLENN M
150 SOUTH PINE ISLAND ROAD
SUITE 105
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BEN HAMMOU, YVES
20201 EAST COUNTRY CLUB DRIVE, UNIT 502
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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U000000766510
06/20/07-80005-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/10/07