

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-21-2006 90031 032 ***150.00

DOCUMENT # P05000080594

1. Entity Name

CESAR YOUKHADAR, P.A.



Principal Place of Business

7668 NW 116TH AVE.
MIAMI FL 33178

Mailing Address

7668 NW 116TH AVE.
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2946946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

GARCIA-OLIVER & MAINIERI, P.A.
782 NW LE JEUNE RD., SUITE 447
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

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

TITLE: **PRESIDENT**
NAME: **CESAR YOUKHADAR**
STREET ADDRESS: **7668 NW 116 AVENUE**
CITY- ST- ZIP: **MIAMI FL 33178**

☐ Delete

TITLE:
NAME:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
☐ Change ☐ Addition

TITLE:
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STREET ADDRESS:
CITY- ST- ZIP:
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TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
☐ Change ☐ Addition

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: **CESAR YOUKHADAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/06

Date

Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P05000080594					
1. Entity Name CESAR YOUKHADAR, P.A.					
Principal Place of Business 7668 NW 116TH AVE. MIAMI, FL 33178			Mailing Address 7668 NW 116TH AVE. MIAMI, FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2946946	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA-OLIVER & MAINIERI, P.A. 782 NW LE JEUNE RD., SUITE 447 MIAMI, FL 33126				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change	☐ Addition	
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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: <u>Cesar Youkhadar</u>		03/15/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

66010445

Attachment
ATTACHMENT 66010445
PO5000080594

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-2948348 OMB No. 1543-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Cesar Youkhadar P A					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 7668 NW 116 Avenue			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Miami FL 33176			5b City, state, and ZIP code		
6* County and state where principal business is located County Miami Dade State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor Cesar Youkhadar			7b* SSN, ITIN, EIN 771-24-1850		
8a* Type of entity (check only one) ☐ Sole Proprietor (SSN) ☐ Partnership ☒ Corporation (enter form number to be filed) ▶ P05000080594 ☐ Personal Service ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ ☐ Other (specify) ▶			☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☐ Trust (SSN of grantor) ☐ National Guard ☐ Farmers' cooperative ☐ REMIC ☐ State/local government ☐ Federal government/military ☐ Indian tribal government/enterprises Group Exemption NO. (GEN) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) ☒ Started new business (specify type) ▶ Real Estate Brokerage ☐ Hired employees (Check the box and see line 12) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶			☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) JUN 3 2005			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "0"			Agriculture 0		Household 0
14* Check box that best describes the principal activity of your business			Health care & social assistance		Wholesale-agent/broker
☐ Construction ☒ Real estate ☐ Rental & leasing ☐ Manufacturing ☐ Transportation & warehousing ☐ Finance & insurance ☐ Other (specify)			☐ Accommodation & food service ☐ Retail ☐ Wholesale-other		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Real Estate Brokerage					
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes ☐ No ☒ Note: If "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)			City and state where filed		Previous EIN
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name Angel Garcia-Oliver Esq Address and ZIP code 782 NW Le Jeune Road Miami FL 33126			Designee's telephone number (include area code) (305) 446 - 8431 Designee's fax number (include area code) (305) 446 - 7782	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)					Applicant's telephone number (include area code)