2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107504

Entity Name: YARINETTE, INC.

FILED Apr 26, 2006 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | New Principal Place of Business: | | |
|--|--------------------------------|---|---|--|--|
| 851 WEST STATE ROAD 436 SUITE 1037 | | 851 WEST STATE ROAD 436 SUITE 1037 | | | |
| ALTAMONTE SPRINGS, FL 32714 | | ALTAMONTE SPRINGS, FL 32714 US | | | |
| Current Mailing Address: | | New Mailing Address: | | | |
| 851 WEST STATE ROAD 436 SUITE 1037 ALTAMONTE SPRINGS, FL 32714 | | 851 WEST STATE ROAD 436 SUITE 1037 ALTAMONTE SPRINGS, FL 32714 US | | | |
| FEI Number: 20-3240313 | FEI Number Applied For () | FEI Number Not Applicable () Certificate of Status Desire | ∍d () | | |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | Name and Address of New Registered Agent: | | |
| GARCIA, MIRTHA 2895 BERMUDA AVENUE N APOPKA, FL 32703 US | | PROFESSIONAL ACCOUNTANTS & CONSULTA 2471 E SEMORAN BLVD APOPKA, FL 32703 US | | | |
| The above named entity in the State of Florida. | submits this statement for the | purpose of changing its registered office or registered agent, | or both, | | |
| SIGNATURE: DANIEL ALVAREZ | | 04/26/2006 | 04/26/2006 | | |
| Electronic Signature of Registered Agent | | ent Date | Date | | |
| Election Campaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| Title: DDT (|) Delete | Title: () Ohanna () Addition | | | |

Title: DPT () Delete Title: () Change () Addition Name: GARCIA, MIRTHA Name: Address: 2895 BERMUDA AVENUE N Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip:

Title: DVPS () Delete Title: () Change () Addition Name: ERO, CESAR Name:

 Name:
 ERO, CESAR
 Name:

 Address:
 2895 BERMUDA AVENUE N
 Address:

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRTHA GARCIA P 04/26/2006