

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129016

Entity Name: YR BAIREs, INC.

FILED
Mar 17, 2008
Secretary of State

Current Principal Place of Business:

3300 NE 191 STREET
1804
AVENTURA, FL 33180

New Principal Place of Business:

550 S. STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

3300 NE 191 STREET
1804
AVENTURA, FL 33180

New Mailing Address:

550 S. STATE ROAD 7
PLANTATION, FL 33317

FEI Number: 20-3525755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJKES, ABRAHAM M
3300 NE 191 STREET
1804
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

MOHAMMADI, ANGELA F
550 S. STATE ROAD 7
PLANTATION, FL 33317 US

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.

SIGNATURE: ANGELA FAMIL MOHAMMADI

03/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROJKES, ABRAHAM M
Address: 3300 NE 191 STREET # 1804
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAJIAN, FARZIN
Address: 550 S. STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: DVP () Change (X) Addition
Name: MOHAMMADI, ANGELA F
Address: 550 S. STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: DS () Change (X) Addition
Name: HAGYAN, FIROZ
Address: 550 S. STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: DT () Change (X) Addition
Name: MOHAMMADI, NASSER F
Address: 550 S. STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify 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: ANGELA FAMIL MOHAMMADI

DVP

03/17/2008

Electronic Signature of Signing Officer or Director

Date