

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141595

FILED  
Aug 01, 2006  
Secretary of State

Entity Name: YAYOS DISASTER RECOVERY CONSTRUCTION INC

## Current Principal Place of Business:

3389 HIGHWAY 98 LOT 12  
MARY ESTHER, FL 32569

## New Principal Place of Business:

## Current Mailing Address:

POBOX 5314  
NAVARRE, FL 32566

## New Mailing Address:

FEI Number: 71-0994378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, AIDE  
3389 HWY 98 LOT 12  
MARY ESTHER, FL 32566 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PEREZ, AIDE  
Address: PO.BOX 5314  
City-St-Zip: NAVARRE, FL 32566

Title: P ( ) Delete  
Name: PEREZ, NESTOR  
Address: PO.BOX5314  
City-St-Zip: NAVARRE, FL 32566

Title: VP ( ) Delete  
Name: GONZALEZ, MORONI  
Address: PO.BOX 5314  
City-St-Zip: NAVARRE, FL 32566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: AIDE PEREZ

MS

08/01/2006

Electronic Signature of Signing Officer or Director

Date