## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 20, 2007 8:00 am Secretary of State

DOCUMENT # P06000010441  1. Entity Name YAMATA, INC.				)	02-20-2007	90036 033	} ***15	50.00
Principal Place of Business Mailing Address 11650 VICOLO LOOP 11650 VICOLO LOOP WINDERMERE, FL 34786 US WINDERMERE, FL 34786			US	4002	0742			
2. Principal Place of Business - No P.O. Box #  7600 DR. PHILLIPS BLVD  Suite, Apt. #, etc.  Suite, Apt. #, etc.								
Suite 66		Suite 66		02162007	Chg-P	CR2E034	12/06)	
City & State	LANDO, FL	City & State  ONLAWDO	l. Fr	4. FEI Numbe	20-4172	2914	J	plied For Applicable
Zip 32	P/9 Country	Zip 3 2819	Country	1	of Status Desired	┌ \$8	.75 Addi	itlonal
<b>-</b>	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re		•	,
TAY, JENN	١Y		Name					
11650 VICOLO LOOP WINDERMERE, FL 34786			Street Address	(P.O. Box Numbe	er is Not Acceptable	)		
, /			City			FL	Zip Code	3
8. The above	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or regist	ered agent, or bot	h, in the State of Flo	rida. I am fami	liar with,	and accept
SIGNATURE	Sagebre, typed or printed name of registered agent	/ and title if applicable. (NOTE; R	egistered Agent signature requir	ed when reinstating)	2/16/1	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		5.00 May Be ided to Fees				
10.	OFFICERS AND		11.	ADDITIONS/	CHANGES TO OFFI	•		
NAME STREET ADDRESS CITY-ST-ZIP	TAY, JENNY 11650 VICOLO LOOP WINDERMERE, FL 34786	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ų	Change	☐ Addition
TITLE	S LU, DANNY	☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP	11650 VICOLO LOOP WINDERMERE, FL 34786		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Detete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS		☐ Defete	TITLE NAME STREET ADDRESS				Change	☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP				<u></u>	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				Change	☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP					
<ol> <li>12. I hereby of indicated</li> </ol>	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for to true and accurate and that my	he exemptions containe signature shall have the	ed in Chapter 119 s same legal effec	l, Florida Statutes. I It as if made under o	further certify teath; that I am a	hat the in an officer	formation or director

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 of the reserver 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:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

40 9-248-8558 Daylime Phone #