

2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/ **FILED**
Mar 19, 2007 8:00 am
Secretary of State

03-05-2007 90053 010 ***150.00

DOCUMENT # P06000017012					
1. Entity Name YOUNG FALLS INC.					
Principal Place of Business TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134			Mailing Address 407 LINCOLN ROAD SUITE 502 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-8234350	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURAI WALD BIONDO MORENO & BROCHIN, P.A. TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134				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 re-appointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DPS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GONZALEZ, IVAN		NAME		
STREET ADDRESS	TWO ALHAMBRA PLAZA, PENTHOUSE 1B		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VP, T	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	TORRES, ANGEL		NAME	TORRES, ANGEL E	
STREET ADDRESS	407 LINCOLN ROAD, SUITE 502		STREET ADDRESS	407 LINCOLN RD #502	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	ASTS	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	TORRES, ANGEL		NAME	TORRES ANGEL E	
STREET ADDRESS	407 LINCOLN ROAD, SUITE 502		STREET ADDRESS	407 LINCOLN RD #502	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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><i>Angel E. Torres</i></u>			2/20/05 305-672-8800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		