

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90044 001 ***450.00

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01032008 Chg-P CR2E034 (12/06)

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 # 407 LINCOLN RD Suite, Apt. #, etc. PH-N		3. Mailing Address 407 LINCOLN RD Suite, Apt. #, etc. PH-N	
City & State MIAMI BEACH FL Zip 33134		City & State MIAMI BEACH FL Zip 33134	
4. FEI Number 20-8234350		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GONZALEZ, IVAN TWO ALHAMBRA PLAZA, PENTHOUSE 1B CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 LINCOLN RD PH-N MIAMI BEACH FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T TORRES, ANGEL E 407 LINCOLN ROAD, SUITE 502 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 LINCOLN RD PH-N
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTS TORRES, ANGEL E 407 LINCOLN ROAD, SUITE 502 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 LINCOLN RD PH-N
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>ANGEL E. TORRES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/11/08 (305) 672-0805</u> <small>Date Daytime Phone #</small>	