

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90023 029 \*\*\*150.00

<b>DOCUMENT # P06000021866</b> 1. Entity Name <b>YANGUAS GOMEZ INC.</b>			
Principal Place of Business <b>14 NE 1 AVE SUITE 806A MIAMI, FL 33132</b>		Mailing Address <b>14 NE 1 AVE SUITE 806A MIAMI, FL 33132</b>	
2. Principal Place of Business - No P.O. Box <b>5655 NW 109 Ave</b>		3. Mailing Address <b>5655 NW 109 Ave</b>	
Suite, Apt. #, etc. <b>Apt #51</b>		Suite, Apt. #, etc. <b>Apt #51</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33178</b>		Zip <b>33178</b>	
Country 		Country 	
4. FEI Number <b>20-4314168</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOMEZ, OLGA M 14 NE 1 AVE SUITE 806A MIAMI, FL 33132</b>		7. Name and Address of New Registered Agent  Name <b>Gomez, Olga M</b> Street Address (P.O. Box Number is Not Acceptable) <b>5655 NW 109 Ave Apt #51</b> City <b>Miami</b> State <b>FL</b> Zip Code <b>33178</b>	
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 reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, OLGA M 14 NE 1 AVE SUITE 806A MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gomez, Olga M 5655 NW 109 Ave Apt #51 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YANGUAS, DIEGO F 14 NE 1 AVE SUITE 806A MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicepresident Yanguas, Diego F 5655 NW 109 Ave Apt #51 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			