## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

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

## DOCUMENT# P06000021866

Entity Name: YANGUAS GOMEZ INC.

FILED May 29, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
5655 NW 109 AVE APT 51 MIAMI, FL 33178		5655 NW 109 AVE. SUITE # 51 MIAMI, FL 33178		
Current Mailing Address:		New Mailing Address:		
5655 NW 109 AVE APT 51 MIAMI, FL 33178		5655 NW 109 AVE. SUITE # 51 MIAMI, FL 33178		
FEI Number: 20-4314168	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
GOMEZ, OLGA M 5655 NW 109 AVE APT 5 MIAMI, FL 33178 US	1	GOMEZ, OLGA M 5655 NW 109 AVE. SUIT # 51 MIAMI, FL 33178 US		
The above named entity sin the State of Florida.	ubmits this statement for the pu	urpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE:			05/29/2009	
Electroni	c Signature of Registered Age	nt	Date	

**OFFICERS AND DIRECTORS:** 

Election Campaign Financing Trust Fund Contribution ( ).

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete Title: Title: () Change () Addition GOMEZ, OLGA M Name: Name: 5655 NW 109 AVE APT 51 Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition VALENCIA, FERNANDO YANGUAS, DIEGO F Name: Name: Address: Address: 14 NE 1 AVE SUITE 806A 5655 NW 109TH AVE. APT. #51 MIAMI, FL 33132 DORAL, FL 33178 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete Name: YANGUAS, DIEGO Name: YANGUAS, DIEGO F 5655 NW 109 AVE APT 51 Address: 5655 NW 109 AVE APT 51 Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify 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: FERNANDO VALENCIA VP 05/29/2009