2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 29 PM 1:06

DOCUMENT # P06000024199

1. Entity Name
YUMURI DUMP TRUCK INC

03/27/07 90001 002 150.00

Principal Place of Business
135 SE 20 STREET
CAPE CORAL, FL 33990

Mailing Address
135 SE 20 STREET
CAPE CORAL, FL 33990

03142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business (No P.O. Box #)
135 Se 20st
Suite, Apt. # etc
/
City & State
Cape Coral
FL
County
Lee

3. Mailing Address
Same
Suite, Apt. # etc
Same
City & State
Same
Zip
Same
Country
Same

4. FEI Number
20-4744649
Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, SILVIA
7178 A SW 47 STREET
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name
Llonart Moises
Street Address (P.O. Box Number is Not Acceptable)
135 Se 20st
City
Cape Coral
FL
Zip Code
33990

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] (Registered Agent) 10/24/07
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 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LLONART, MOISES	NAME	500111649645
STREET ADDRESS	135 SE 20 ST	STREET ADDRESS	11/02/07--01051--010 **13.50
CITY-ST-ZIP	CAPE CORAL, FL 33990	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	B 10/01/07
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	REINSTATEMENT 07
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	
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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Moises Llonart 03/24/07 (305)216-8945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #