## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 19, 2007 8:00 am Secretary of State **DOCUMENT # P06000025154** 03-19-2007 90071 050 \*\*\*150.00 1. Entity Name Y & R HARDWARE CORP Principal Place of Business Mailing Address 40037925 19 EAST 44 ST 19 EAST 44 ST HIALEAH, FL 33013 HIALEAH, FL 33013 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20 - 435 35 9 4 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARRENO, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 19 EAST 44 ST HIALEAH, FL 33013 City 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 · ( ) 新建筑设 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change ☐ Addition TITLE TITLE CARRENO, EDUARDO P NAME NAME STREET ADDRESS 19 EAST 44 ST STREET ADDRESS HIALEAH, FL 33013 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition VP/D ☐ Delete TITLE TITLE CARRENO, EDUARDO NAME NAME STREET ADDRESS 19 EAST 44 ST STREET ADDRESS CITY-ST-ZIP CITY ST-7IP HIALEAH, FL 33013 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE 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.

**FILED**