

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000040033

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** YOLANDE SPECIALITY PRODUCTS, INC.

**Current Principal Place of Business:**

13090 NW 7TH AVENUE  
MIAMI, FL 33168 US

**New Principal Place of Business:**

430 NW 131 ST  
MIAMI, FL 33168 US

**Current Mailing Address:**

430 NW 131 ST  
MIAMI, FL 33168 US

**New Mailing Address:**

**FEI Number:** 11-7994409      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOPKA, MARIE  
13090 NW 7TH AVENUE  
MIAMI, FL 33168 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** HOPKA, MARIE  
**Address:** 13090 NW 7TH AVENUE  
**City-St-Zip:** MIAMI, FL 33168 US

**Title:** VP  
**Name:** ALEXIS, MARIE F  
**Address:** 13090 NW 7TH AVENUE  
**City-St-Zip:** MIAMI, FL 33168 US

**Title:** CON  
**Name:** JEAN BAPTISTE, DUVERNEAU  
**Address:** 430 NW 131 ST  
**City-St-Zip:** MIA, FL 33168 US

**Title:** TRE  
**Name:** ALEXIS, JERMINE F  
**Address:** 430 NW 131 ST  
**City-St-Zip:** MIA, FL 33168 US

I hereby 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 all other like empowered.

**SIGNATURE:** ALEXIS MARIE

VP

03/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date