2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90192 035 ***150.00

DOCUMENT # P06000040614

1. Entity Name
YAFFA & YAFFA, P.A.

Principal Place of Business	Mailing Address
203 NE 1ST AVE DELRAY BEACH, FL 33444	203 NE 1ST AVE DELRAY BEACH, FL 33444

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
301 W. ATLANTIC AVE	301 W. ATLANTIC AVE
Suite, Apt. #, etc. SUITE O-2	Suite, Apt. #, etc. SUITE O-2
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33444 Country USA	Zip 33444 Country USA

04232007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4548494 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YAFFA, DOREEN M 203 NE 1ST AVE DELRAY BEACH, FL 33444	Name DOREEN M. YAFFA Street Address (P.O. Box Number is Not Acceptable) 301 W. ATLANTIC AVE O-2 City DELRAY BEACH FL Zip Code 33444

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 Doreen Yaffa 4/20/07
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAFFA, DOREEN M 203 NE 1ST AVE DELRAY BEACH, FL 33444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 301 W. ATLANTIC AVE, O-2 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAFFA, SAMUEL M 203 NE 1ST AVE DELRAY BEACH, FL 33444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 301 W. ATLANTIC AVE, O-2 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Doreen Yaffa 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR Date Daytime Phone #