
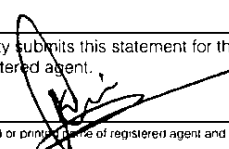
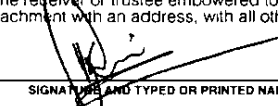


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90031 047 \*\*\*158.75

<b>DOCUMENT # P06000064586</b> 1. Entity Name <b>YARELI ENTERPRISES INC.</b>					
Principal Place of Business <b>3050 NE JACKSONVILLE ROAD</b> <b>OCALA, FL 34474 US</b>			Mailing Address <b>3050 NE JACKSONVILLE ROAD</b> <b>OCALA, FL 34474 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3050 NE Jacksonville Rd.</b>		3. Mailing Address <b>3050 NE Jacksonville Rd.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>OCALA, FL.</b>		City & State <b>OCALA, FL.</b>		4. FEI Number <b>20-4866940</b>	
Zip <b>34479</b>		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LALANI, ANIS M</b> <b>3050 NE JACKSONVILLE ROAD</b> <b>OCALA, FL 34474</b>			7. Name and Address of New Registered Agent Name <b>Karim Lalani</b> Street Address (P.O. Box Number is Not Acceptable) <b>3050 NE Jacksonville Rd</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34479</b>		
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  <span style="float: right;">01/22/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE PD NAME LALANI, ANIS M STREET ADDRESS 5023 S.W., 41ST PLACE CITY-ST-ZIP OCALA, FL 34474	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Lalani, Karim STREET ADDRESS 4907 Southwest 41 place CITY-ST-ZIP OCALA, FL 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			01/22/08 <span style="float: right;">352 351 4422</span> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					