

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P06000116058**  
 1. Entity Name  
**YARI IMPORT & EXPORT USA, INC.**



**FILED**

**08 JUL -9 PM 1:17**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

Principal Place of Business  
**10674 SW 24TH ST.  
 MIAMI, FL 33165**

Mailing Address  
**10674 SW 24TH ST.  
 MIAMI, FL 33165**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5516730</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GARCIA, YARITZA T  
 10674 SW 24TH ST.  
 MIAMI, FL 33165**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GARCIA, YARITZA T JR 10674 SW 24TH ST. MIAMI, FL 33165</b>
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**100132998531  
 07/16/08--01005--011 \*\*150.00**

**DO NOT WRITE  
 IN THIS SPACE**

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
 Date **07/08/08.** Daytime Phone # \_\_\_\_\_