## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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## **FILED** Mar 19, 2008 8:00 am Secretary of State

03-19-2008 90024 046 \*\*\*150.00

DOCUMENT # P06000133511  1. Entity Name YOHAN ELECTRIC, CORP							90024 046 ***15	0.00
Principal Place	o of Business	Mailing Address			401	Jaguro		
Principal Place of Business 7490 NW 8 STREET MIAMI, FL 33126		7490 NW 8 STREET MIAMI, FL 33126			<b>.</b>			
					1 <b>10</b> 010 <b>0</b> 1401	OCIN DIVINI ODDIN DEVIN DEVIN	IN 11888     THE INDIA GINEY    (1865)    (1865)    (1866)    (1866)    (1866)    (1866)    (1866)    (1866)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03132008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number 20-5753		<u> </u>	plied For t Applicable
Zip	Country Zip Cou		Country	1	5. Certificate of	f Status Desired	□ \$8.75 Add	
	6 Name and Address of Curren	t Registered Agent	<u> </u>		7 Name and 4	Address of New R	Fee Required	<u> </u>
6. Name and Address of Current Registered Agent				Name				
GONZALEZ, YOADNY 7490 NW 8 STREET MIAMI, FL 33126			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33126							
÷ .		City		City			FL Zip Code	3
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered	l office or register	ed agent, or both	, in the State of Flo		and accept
SIGNATURE_	frignal re, typid or printed name of registered age	nt and little if applicable. (NOTE	E: Registered A	Agent signature required	when reinstating)		63/17/08 DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campai Trust Fund Contr			.00 May Be ed to Fees			
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	HANGES TO OFF	ICERS AND DIRECTORS	S IN 11
					ADDITIONS/C		OCHO AND BINEOTON	
TITLE	D	☐ Delete	TITLE		ADDITIONS/C		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GONZALEZ, YOADNY 7490 NW 8 STREET MIAMI, FL 33126 V MENENDEZ, LAZARO	☐ Delete	NAME STREET CITY-ST TITLE NAME	T-ZIP	ABBITIONS/C		☐ Change	
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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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-218-6328

Daytime Phone #