2007 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State



DOCUMENT # P06000139905 05-14-2007 90346 002 *****8.75 1. Entity Name YN AND CM INC. Principal Place of Business Mailing Address 66014811 27873 SOUTH DIXIE HWY 27873 SOUTH DIXIE HWY HOMESTEAD, FL 33032 HOMESTEAD, FL 33032 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 27873 SOUTH DIVIE HO 27873 SOUTH DIVE HU . Suite, Apt. #, etc. Suite, Apt. #, etc. 05082007 Chg-P CR2E034 (12/06) 4. FEI Number 20-5976459 City & State Applied For FL HOMESTEAD Homestead Not Applicable Country Hiami Zip Country Miami Zip \$8.75 Additional 5. Certificate of Status Desired Dave County 33037 Rount Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, YANNET 27873 SOUTH DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD, FL 33032 Zip Code FL purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of regit title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS .10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. FERN TITE **Delete** PRESIDENT TITLE Change Addition ANDEZ, YANNET NAME VANUET HWY NAME FERNANDEL 27873 SOUTH DIXIE HWY STREET ADDRESS STREET ADDRESS 7873 SOUTH HOMESTEAD, FL 33032 CITY-ST-ZIP CITY-ST-ZIP Homestead TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 accurage and that my signature shall have the same legal effect as if made under eath; 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 TYPE E OF SIGNING OFFICER OR DIRECTOR