## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2007 8:00 am Secretary of State 03-05-2007 90063 009 \*\*\*150.00

DOCUMENT # P06000154379  1. Entity Name YAHALA RESTAURANT, INC								03-03-20	07 2000		130.00
Principal Place	e of Business	Mailin	Mailing Address					0000	1000	ſ	
1935 A1A SOUTH St augustine, Fl 32080				1935 A1A SOUTH St augustine, Fl 32080							
2. Principal Place of Business - No P.O. Box #			3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				Chg-P	CR2E03	34 (12/06)	
City & State			City	City & State			4. FEI Numb	580948	67	<u> </u>	oplied For of Applicable
Žip		Country	Zip	Zip Coun		itry	5. Certificate	of Status Desired		8.75 Add ee Require	
6. Name and Address of Current R				d Agent	7. Name and Address of New Registered Agent Name						
HERZALLA, HISHAM						Kamu					
55 DELTONA BLVD ST AUGUSTINE, FL 32086					Street Address (P.O. Box Number is Not Acceptable)						
						City		<u>.</u>	FL	Zip Cod	•
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 active obligations of registered agent.											and accept
SIGNATURE_	Sonetive holed	or profited name of cenetared ane	ar arbs (\$40)	of Amery Surneyare can are	ad a nen rendrama)	· · · · · · · · · · · · · · · · · · ·	DATE				
Signature, typed or printed name of registered agent and side if applicable. (PAOTE: Registered Agent signature required when reinstating) DATE											
		FEE 13 \$150.00 7 Fee will be \$550		<ol> <li>Election Campa Trust Fund Conf</li> </ol>			5.00 May Be ded to Fees				·
10.		OFFICERS AN	D DIRECTO	RS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR!	S IN 11
DILE	P Delete									Change	Addition
NAME STREET ADDRESS	HERZALLA, HISHAM HESS 1935 A1A SOUTH				E ET ADORESS						
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NAME				□ vac:	NAM					T. complex	
STREET ADDRESS	[					ET ADORESS					
CITY-ST-ZIP	<u> </u>					-\$1-ZIP			<del></del> .		
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 suppliemental report is true and accurate 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 807, 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: Hota Cenulo											