## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P07000002777** 03-03-2008 90209 037 \*\*\*150.00 MYKO YANK CORPORATION Principal Place of Business Mailing Address 40001 -- -3609 POLK STREET PO BOX 814511 HOLLYWOOD, FL 33081 US HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-8191405 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MITCHELL J- HOWARD T JAY VITARELLI CPA PA Street Address (P.O. Box Number is Not Acceptable) 5220 S'UNIVERSITY DRIVE SUITE C-110 **DAVIE, FL 33328** 3800 South OCEAN by. Suite 228 Chyfollywood, FL 33 Zip Code 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. muchero 2/25/08 (NOTE: Registered Agent aignature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. STD TITLE ☐ Delete TITLE ☐ Change CESAR, VANICK 2580 MILLWATER XING DAWLA GA 30019 NAME CESAR, YANICK NAME STREET ADDRESS PO BOX 814511 STREET ADORESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-7IP CESAR JEAN MICHEL Change 2580 MILLWATER XING TITLE Delete TITLE ■ Addition CESAR, JEAN MICHEL NAME NAME STREET ADDRESS P.O. BOX 814511 STREET ADORESS HOLLYWOOD, FL 33021 CITY-ST-ZIP City-ST-ZIP ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITŁE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 withful other like empowered. SIGNATURE: PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Daytime Phone s

FILED

Mar 03, 2008 8:00 am