

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 21, 2008 8:00 am
Secretary of State

02-27-2008 90019 027 ***150.00

DOCUMENT # P07000004621 1. Entity Name YIYO CAFETERIA, INC.					
Principal Place of Business 1842 W. FLAGLER ST. MIAMI, FL 33135			Mailing Address 1842 W. FLAGLER ST. MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # -		3. Mailing Address -			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MORALES, MARIA C 7760 SW 17TH TERR. MIAMI, FL 33155			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORALES, MARIA C 1842 W. FLAGLER ST. MIAMI, FL 33135		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILIAN, DIDIER 1842 W. FLAGLER ST. MIAMI, FL 33135		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
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			Date 2/13/08 Daytime Phone # _____		

66004653



01182008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8241002** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required