

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-11-2008 90015 050 ***150.00

DOCUMENT # P07000020226					
1. Entity Name V-YAJAD, INC					
Principal Place of Business 10691 N. KENDALL DRIVE 304 MIAMI, FL 33176 US			Mailing Address 10691 N. KENDALL DRIVE 304 MIAMI, FL 33176 US		
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	4. FEI Number 20 844 1430	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA LAW OFFICES, PA 10691 N. KENDALL DRIVE SUITE 201 MIAMI, FL 33176			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BENAIM, ISAAC		NAME		
STREET ADDRESS	10691 N. KENDALL DRIVE, SUITE 304		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	EV	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	COTTIN, ADRIAN G		NAME		
STREET ADDRESS	10691 N. KENDALL DRIVE, SUITE 304		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PEREZ, IRIS		NAME		
STREET ADDRESS	10691 N. KENDALL DRIVE, SUITE 304		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BENHAMU, SIM-		NAME		
STREET ADDRESS	10691 N. KENDALL DRIVE, SUITE 304		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	COTTIN, ALIETTE L		NAME		
STREET ADDRESS	10005 MAPLE LEAF DR.		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY VILLAGE, MD 20886		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 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: <u>Isaac Benaim</u>		Date: <u>8/17/08</u>		Daytime Phone: <u>305-771-9440</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR					

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