

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037559

FILED
Apr 30, 2008
Secretary of State

Entity Name: YOFRA, INC.

Current Principal Place of Business:

901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

New Principal Place of Business:

13334 POLO CLUB RD.
249
WELLINGTON, FL 33141

Current Mailing Address:

901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

New Mailing Address:

13334 POLO CLUB RD.
249
WELLINGTON, FL 33141

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE JIMENEZ, YOLANDA F
901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

JIMENEZ, LINA
13334 POLO CLUB RD.
249
WELLINGTON, FL 33414 US

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.

SIGNATURE: LINA JIMENEZ

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DE JIMENEZ, YOLANDA F
Address: 901 PONCE DE LEON BLVD. STE 603
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: CAMPOS, LINA
Address: 901 PONCE DE LEON BLVD. STE 603
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DE JIMENEZ, YOLANDA F
Address: 13334 POLO CLUB RD. #249
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: CAMPOS, LINA
Address: 13334 POLO CLUB RD. #249
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINA CAMPOS

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date