
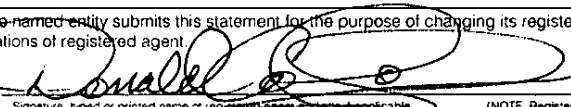
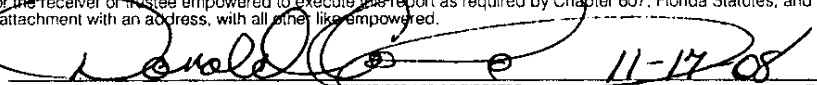


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
08 NOV 24 AM 9:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P07000049673</b> 1. Entity Name <b>YOLANNE ENTERPRISES, INC.</b>		
Principal Place of Business <b>2878 S.W. 13TH COURT FT. LAUDERDALE, FL 33312 US</b>		Mailing Address <b>2878 S.W. 13TH COURT FT. LAUDERDALE, FL 33312 US</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
4. FEI Number <b>20-8908027</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>COFFIN, CYNTHIA 2878 S.W. 13TH COURT FT. LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name <b>COFFIN, DONALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2878 S.W. 13TH COURT</b>  City <b>FT. LAUDERDALE</b> FL Zip Code <b>33312</b>
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  <small>Signature, typed or printed name of registered agent is acceptable (NOTE Registered Agent signature required when reinstating)</small>		DATE <b>11-17-08</b>
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP COFFIN, CYNTHIA <input checked="" type="checkbox"/> Delete 2878 S.W. 13TH COURT FT. LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP, ST COFFIN, DONALD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2878 S.W. 13TH COURT FT. LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600138238976 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/24/08--01059--018 **\$1.25	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>11-17-08</b>
Daytime Phone # <b>954-792-1459</b>		Daytime Phone #

11/25