

03-18-2008 90017 002 ***150.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -8 PM 1:40

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000077531		
1. Entity Name KILEAN YBARRA INC		

40040161

Principal Place of Business 903 ACACIA AVE LEHIGH ACRES, FL 33972 US	Mailing Address 903 ACACIA AVE LEHIGH ACRES, FL 33972 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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03122008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEL Number 260479541	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

YBARRA, KILEAN
903 ACACIA AVE
LEHIGH ACRES, FL 33972

7. Name and Address of New Registered Agent

Name: Kilean Ybarra
Street Address (P.O. Box Number is Not Acceptable):
6671 SW 158 CT
City: MIAMI FL Zip Code: 33198

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] (NOTE: Registered Agent signature required when reappointing) DATE: _____

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	P YBARRA, KILEAN 903 ACACIA AVE LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] DATE: 3-10-08 DAYTIME PHONE #: 305-775-1395