## 2008 FOR PROFIT CORPORATION

## May 01, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P07000083374 05-01-2008 90216 015 \*\*\*150.00 1. Enlity Name YR & C SERVICES CORP. Principal Place of Business Mailing Address 10801 NW 7TH STREET UNIT #11 10801 NW 7TH STREET UNIT #11 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04162008 Chg-P Applied For 4. FEi Number City & State City & State 51-0643631 Not Applicable Country Country Zio \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, YOANIS Street Address (P.O. Box Number is Not Acceptable) 10801 NW 7TH STREET UNIT #11 MIAMI, FL 33172 Zip Code City FL 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. Signatura, typod or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$450.00 After May 1, 2008 Fee wilf be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD Change ☐ Addition THE Delete TITLE RODRIGUEZ, YOANIS NAME NAME 10801 NW 7TH STREET, UNIT #11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Change Addition ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition Delete 11TLE TITLE MALAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition THE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MAME 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 as 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 tife receiver or thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Davume Phone #

address, with all other like empowered

changed, or on an

SIGNATURE: