2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109040

Entity Name: YOLIE ENTERPRISES INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
9100 NW 2 MIAMI, FL	23RD AVE 33147					
Current Mailing Address:			New Maili	New Mailing Address:		
9100 NW : MIAMI, FL	23RD AVE 33147					
FEI Number	: 26-1165261	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of St	tatus Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registere	d Agent:	
ROLLE, W 9100 NW 1 MIAMI, FL	23RD AVE					
	named entity : e of Florida.	submits this statement for the purp	pose of changing it	s registered office or register	red agent, or both,	
SIGNATUI				5.		
Election Car		ic Signature of Registered Agent g Trust Fund Contribution ().		Date		
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS	S AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () ROLLE, WALTI 9100 NW 23RE MIAMI, FL 331	AVE	Title: Name: Address: City-St-Zip:	() Change () Addit	tion	
Title: Name: Address: City-St-Zip:	VP () CRAIG, YOLAN 9100 23RD AVI MIAMI, FL 331	≣	Title: Name: Address: City-St-Zip:	VP (X) Change () Addi ROLLE, YOLANDA S 9100 23RD AVE MIAMI, FL 33147	tion	
Title: Name: Address: City-St-Zip:	VP () ROLLE, EVA 9100 N.W. 23R MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addit	tion	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	V-P () Change (X) Addit ROLLE, KOURTNEY 9100 N.W.23RD. AVE MIAMI, FL 33147	tion	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	V-P () Change (X) Addir CLARK, SHANTANIQUA 9100 NW 23RD. AVE MIAMI, FL 33147	tion	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	V-P () Change (X) Addi CLARK, SHANTAVIA 9100 N.W. 23RD. AVE MIAMI, FL 33147	tion	

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: YOLANDA ROLLE V-P 04/29/2009