

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010234

Entity Name: YALE MANAGEMENT CORP

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

8892 NW 163RD TERRACE  
MIAMI, FL 33018

## New Principal Place of Business:

565 NW 129 WAY  
PEMBROKE PINES, FL 33028

## Current Mailing Address:

8892 NW 163RD TERRACE  
MIAMI LAKES, FL 33018

## New Mailing Address:

565 NW 129 WAY  
PEMBROKE PINES, FL 33028

FEI Number: 26-1847387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, COSME E  
160 12TH AVENUE NE  
NAPLES, FL 34120 US

## Name and Address of New Registered Agent:

GIRALDO, JUAN C  
565 NW 129 WAY  
PEMBROKE PINES, FL 33028 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: JUAN C. GIRALDO

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TRIANA, LUIS H  
Address: 8892 NW 163RD TERRACE  
City-St-Zip: MIAMI LAKES, FL 33018

Title: VP ( ) Delete  
Name: TRIANA, MAGDA L  
Address: 8892 NW 163RD TERRACE  
City-St-Zip: MIAMI LAKES, FL 33018

Title: VP (X) Delete  
Name: GIRALDO, JUAN C  
Address: 12991 NW 1ST ST APT 212  
City-St-Zip: PEMBROKE PINES, FL 33028

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GIRALDO, JUAN C  
Address: 565 NW 129 WAY  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP (X) Change ( ) Addition  
Name: GIRALDO, ALBA L  
Address: 565 NW 129 WAY  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUAN C. GIRALDO

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date