

2009

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> P08000100626 <b>1. Entity Name</b> YAGO Corp.				<b>FILED</b>  <b>09 AUG 18 PM 12: 57</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> 11693 W. Atlantic Blvd. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7300 N.W. 19th St. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
<b>City &amp; State</b> Coral Springs, FL		<b>City &amp; State</b> Miami, FL			
<b>Zip</b> 33071	<b>Country</b> USA	<b>Zip</b> 33126-1222	<b>Country</b> USA		
<b>4. FEI Number</b> 26-3799380		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>7. Name and Address of Current Registered Agent</b>					
Name del Valle, Manuel R.					
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.					
Suite 101					
City Miami					
Zip Code FL 33126-1222					
<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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> D/P/T/S	<b>NAME</b> Planchart, Vilken J.	<b>STREET ADDRESS</b> 11693 W. Atlantic Blvd.	<b>CITY - ST - ZIP</b> Coral Springs, FL 33071	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	300159704913 08/18/09--01034--002 **150.00				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	300159704913 08/18/09--01034--003 **400.00				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>				
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>14.08.2009</i> <u>Vilken J. Planchart</u> <u>786-522-6545</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					