


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90010 001 ***150.00

DOCUMENT # P25319

1. Entity Name
YAYA'S FLAME BROILED CHICKEN, INC.



Principal Place of Business 521 SO DORT HWY FLINT, MI 48503 US	Mailing Address 521 S. DORT HWY. FLINT, MI 48503 US
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40033000

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02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2864998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ALDEN, MICHAEL~~
~~300 FIRST AVE NORTH~~
~~SAINT PETERSBURG, FL 33701~~

Chinonis, Gus C.
8999 Park Blvd
Seminole FL 33777

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHINONIS, JOHN D. 6009 PLANTATION GRAND BLANC, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHINONIS, GUS C. 9581 BURNING TREE DRIVE GRAND BLANC, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: *2/13/08* **Date**

Daytime Phone #: *870-2356550* **Daytime Phone #**