


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000043171 1. Entity Name YECHANLAZ INSTITUTO VOCACIONAL, INC.	
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Principal Place of Business 651 S.W. 65TH AVENUE MIAMI, FL 33144	Mailing Address 651 S.W. 65TH AVENUE MIAMI, FL 33144
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0496312	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALCURIA, ARGELIA
651 S.W. 65TH AVE.
MIAMI, FL 33144

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALCURIA, ARGELIA 651 S.W. 65TH AVE. MIAMI, FL 33144
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U00000584578
01/12/07-80041-024 8.75

U00000584578
01/12/07-80041-025 150.00

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IN THIS SPACE**

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: Argelia Alcuria 01-07-2007 305-264-4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ARGELIA ALCURIA