2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State
04-17-2003 90169 041 ***150.00

DOCUMENT # P94000067833

1. Entity Name
YANDY FASHION INC

DO NOT WRITE IN THIS SPACE

[redacted]

55038849
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6201 SW 21 St	6201 SW 21 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR Fl	City & State: MIRAMAR Fl.
Zip: 33023 Country: MIAMI-DADE	Zip: 33023 Country: MIAMI-DADE

4. FEI Number 65-0526661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: OJEDA ARGEL J.
Street Address (P.O. Box Number is Not Acceptable): 6201 SW 21 St
City: MIRAMAR FL Zip Code 33023

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 ______________________
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 $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	OJEDA, ARGEL J.	NAME	
STREET ADDRESS	6201 SW 21 St	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR Fl 33023	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	SANCHEZ XIOMARA	NAME	
STREET ADDRESS	6201 SW 21 St	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR Fl 33023	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E080 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Xiomara Ojeda (SEC/TRES) 3-25-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

XIOMARA OJE