## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## FILED DOCUMENT # P95000085473 Feb 19, 2007 08:00 AM **Secretary of State** Y. & G. MANAGEMENT, INC. Principal Place of Business Mailing Address . 2582 SW 3 ST MIAMI FL 33135 2582 SW 3 ST MIAMI FL 33135 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & Stato 4. FEI Numbor 65-0624549 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMARO, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 2582 SW 3 ST **MIAMI FL 33135** 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 it applicable. (NOTE: Registered Appril signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Delete Change Addition HILL THE U00000640769 AMARO, GIRALDO 02/28/07-80080-008 150.00 2582 SW 3 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CHY-SI-ZIP CITY - S1 - 71P Change Addition ☐ Defete AMARO, YOLANDA 2582 SW 3 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33135** CITY-SI-ZIP CITY-S1-ZIP ☐ Delete Change Addition TITLL TIItE NAMI MAM STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-SI-71P Inti ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-S1-7IP CHY-SI-ZIP ☐ Delele ☐ Change ☐ Addition NAMI NAMI STRUD ADDRESS STREET LADORESS CHY-ST-7IP CITY-ST-7IP HIII. TOU. Change ☐ Addition ☐ Delete NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes 1 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 early; 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone (