2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## **FILED** Feb 19, 2008 08:00 AM Secretary of State DOCUMENT # P95000085473 1. Entity Name Y. & G. MANAGEMENT, INC. Principal Place of Business Mailing Address 2582 SW 3 ST 2582 SW 3 ST **MIAMI FL 33135 MIAMI FL 33135** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0624549 Not Applicable Zip $Z_{ip}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMARO, YOLANDA 2582 SW 3 ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Significate, typed or primed name of registered arient and the Tampi capid, fNOTE: Registered Agent signature required yinde reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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 11. TITLE De'ete TITLE ☐ Change AMARO, GIRALDO NAME NAME STREET ADDRESS 2582 SW 3 ST STREET ADDRESS H00000832<u>44</u>6 27/08-80058-018 150.00 CITY-ST-ZIP MIAMI FL 33135 CITY-ST-ZIP TITLE ☐ Derete TITLE Addition NAME AMARO, YOLANDA NAME STREET ADDRESS 2582 SW 3 ST STREET ADDRESS CITY-ST-7IP MIAMI FL 33135 CITY-ST-ZIP TITLE Dalete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DT: F Derete THELE Change ☐ Addition NAMÊ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TIPLE Deiete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-792 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNING OFFICER OR DIRECTOR

Daylane Phone #