

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000036478

1. Entity Name  
YVONNE ROBERTS, INC.



Principal Place of Business  
THE BILTMORE HOTEL  
1200 ANASTASIA  
CORAL GABLES, FL 33143

Mailing Address  
4044 PARK AVE  
COCONUT GROVE, FL 33133 US



01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0674764

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROBERTS, YVONNE  
4044 PARK AVE  
COCONUT GROVE, FL 33133

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**JAN 19 2007**

**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  
PST  
ROBERTS, YVONNE  
4044 PARK AVE  
COCONUT GROVE, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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01/26/07-80086-011 150.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-07 305-658537