2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 06, 2007 08:00 All Secretary of State DOCUMENT # P96000094083 1. Entity Name YOHAM ENTERPRISES INC. Principal Place of Business Mailing Address 7895 GRAND CANAL DRIVE 7895 GRAND CANAL DRIVE MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Ant. #. etc. 1st MOORE CR2E034 (10/06) City & Stato Applied For City & State 4. FEI Number 65-0708105 Not Applicable Zip Country Zip 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 YOHAM, JEROME Street Address (P.O. Box Number is Not Acceptable) 7895 GRAND CANAL DRIVE MIAMI FL 33144-¢ City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE red agent and title r applicable (NOTE, Registered Agunt signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change mie ☐ Addition ☐ Defete TITLE YOHAM, JEROME NAME NAME U00000625091 02/14/07-80062-001 150.00 7895 GRAND CANAL DR STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** CITY-S1-ZIP CITY-ST-7IP mus ☐ Delele THE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-S1-7IP TITLE ☐ Delete ☐ Change Addition TITLE NAMI NAM STREET ADDRESS STREET ADDRESS CITY-S1-ZIE CITY - ST- 7IE THLE Delete MLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP Delete THE TILLE ☐ Chance ☐ Addition NAME: NAME. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP 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 logal effect as if made under eath; 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 tike empowered.

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