

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002538

FILED
Jan 21, 2008
Secretary of State

Entity Name: FRANCES F. YELEN ASSOCIATES, INC.

Current Principal Place of Business:

1104 PONCE DE LEON
CORAL GABLES, FL 33146

New Principal Place of Business:

1104 PONCE DE LEON
CORAL GABLES, FL 33134

Current Mailing Address:

1104 PONCE DE LEON
CORAL GABLES, FL 33146

New Mailing Address:

1104 PONCE DE LEON
CORAL GABLES, FL 33134

FEI Number: 65-0723278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YELEN, FRANCES F
5105 ALHAMBRA CIRCLE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YELEN, FRANCES F
Address: 5105 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

Title: STD () Delete
Name: YELEN, DAVID
Address: 5105 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID YELEN

SEC

01/21/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date