2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2008 8:00 am
Secretary of State
04-25-2008 90119 010 ***150.00

DOCUMENT # P97000046309

1. Entity Name

FIVE Y INVESTMENTS, INC.

Principal Place of Business	Mailing Address
696 NE 125 ST MIAMI FL 33161-5546 US	696 NE 125 ST MIAMI FL 33161-5546 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0764246 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVER, SCOTT A ESQ. 1110 BRICKELL AVE PENTHOUSE 1 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature required when changing registered agent address. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IZHAK, YORAM 3301 NW 107 STREET MIAMI FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Izhak Yoram 696 N.E. 125 St. N. Miami, Fl 33161	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KRAUSE, ARNOLD 3301 NW 107 ST MIAMI FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KRAUSE, ARNOLD. 696 NE 125 St N Miami, Fl 33161	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TAKO, REUVEN 3301 NW 107 ST MIAMI FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Tako Reuven 696 NE 125 St. N. Miami Fl 33161	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Document Number