

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000072491 1. Entity Name YCAVEL, CORP.	
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Principal Place of Business 201 ALHAMBRA CIRCLE 901 CORAL GABLES, FL 33134 US	Mailing Address 201 ALHAMBRA CIRCLE 901 CORAL GABLES, FL 33134 US
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0792765	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VERDEJA, OCTAVIO 201 ALHAMBRA CIR SUITE 901 CORAL GABLES, FL 33134
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

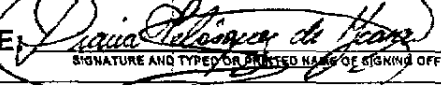
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS YCAZA HIDALGO, MIGUEL 600 NE 36 ST UNIT 1610 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS VELASQUEZ DE YCAZA, DIANA V 600 NE 36 ST UNIT 1610 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YCAZA VELASQUEZ, MIGUEL MARTIN 600 NE 36 ST UNIT 1610 MIAMI, FL 33137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/06-80063-007 150.00

**DO NOT WRITE
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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	01-17-06 Date	Daytime Phone #
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