


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90036 048 ***150.00

DOCUMENT # P99000034902

1. Entity Name
YBOR REALTY GROUP, INC.



Principal Place of Business
**2212 5TH AVE
 TAMPA, FL 33605**

Mailing Address
**P.O. BOX 5236
 TAMPA, FL 33675**

2. Principal Place of Business
2002 5th Avenue

3. Mailing Address

Suite, Apt. #, etc.
Suite 108

Suite, Apt. #, etc.

City & State
Tampa Florida

City & State

Zip
33605

Country
Hillsborough

Zip

Country



01242006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3700716

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**YTURRIAGA, SANDRA
 2212 5TH AVE
 TAMPA, FL 33605**

7. Name and Address of New Registered Agent

Name
Sandra Yturriaga

Street Address (P.O. Box Number is Not Acceptable)
2002 5th Ave Suite 108

City
Tampa

FL Zip Code
33605

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 Sandra Yturriaga
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YTURRIAGA, SANDRA PO BOX 5236 TEMPLE, FL 33675 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Sandra Yturriaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____