2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000051810

1. Entity Name

YORKTOWN FINANCIAL, INC



FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90098 028 ***150.00

TORRIO	WIN F HARIOTAL, INC.		,		012		y _ 0		
Principal Place of Business 757 SE 17TH ST., SUITE 392 FT. LAUDERDALE, FL 33316		Mailing Address 757 SE 17TH ST., SUITE 392 FT. LAUDERDALE, FL 33316				(ወ31			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State		4. FEI Numbe 65-0766			_ 	plied For t Applicable	
Zip	Country	Zip	Country	у	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current F	legistered Agent		N	7. Name and	Address of New R	legistered A	\gent	
	ARLOS TH ST., SUITE 392 ERDALE, FL 33316			Street Address City	s (P.O. Box Numbe	r is Not Acceptable	FL	Zip Code	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a				tered agent, or bot	h, in the State of Flo	DATE	familiar with,	and accept
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0		ibution.	· — ·	5.00 May Be dded to Fees	CHANGES TO OFF	CIOCEDO AND	DIDENTOR	
10.	OFFICERS AND I	Delete	11.	···	ADDITIONS/	CHANGES TO OFF	ICERS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CASAS, CARLOS 757 SE 17TH ST., SUITE 392 FT. LAUDERDALE, FL 33316	□ Delete	NAME	T ADDRESS				□ cuange	Ausinon
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARRIS, MICHAEL 757 SE 17TH ST., SUITE 392 FT. LAUDERDALE, FL 33316	Delete	TITLE NAME STREET CITY-S	T ADDRESS ST - ZiP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WATTS, DARRYL E 757 SE 17 ST #392 FORT LAUDERDALE, FL 33316	Defete	TITLE NAME STREET CITY-S	T ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ANDERSON, DEVON T 757 SE 17 ST #392 FORT LAUDERDALE, FL 33316	Delete	TITLE NAME STREET CITY-S	T ADDRESS				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		□ Delete	TITLE NAME STREE CITY-S	T ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	certify that the information supplied with	☐ Delete	CITY - S	T ADDRESS ST-ZIP			1 5	Change	Addition

The evy centry that the information supplied with this intrig does not quality 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Casas

4/17/07

954-848-6224