


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|---|---------------------|--|---|--|
| DOCUMENT # P99000108713 1. Entity Name Y & Y AUTO CARE, INC. | | | |  | |
| Principal Place of Business 7043 SOUTH WEST 47TH STREET MIAMI FL 33155 | | | Mailing Address 3400 CORAL WAY #600 MIAMI FL 33145-3053 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0967527 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| YANES, OMAR 7043 SOUTH WEST 47TH STREET MIAMI FL 33155 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PSD YANES, OMAR 9320 SOUTH WEST 42ND STREET MIAMI FL 33165 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> U00000528105 05/05/06-80023-007 150.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
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1st MOORE CR2E034 (10/05)

4. FEI Number **65-0967527**

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

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7. Name and Address of New Registered Agent

**YANES, OMAR
7043 SOUTH WEST 47TH STREET
MIAMI FL 33155**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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9320 SOUTH WEST 42ND STREET
MIAMI FL 33165** ☐ Delete

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05/05/06-80023-007 150.00

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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: *Omara Yanes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/06 (305) 446 2051
Date Daytime Phone #