


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90054 025 \*\*\*150.00

**DOCUMENT # P99000109040**

1. Entity Name  
**YAIREMIS SILK FLOWERS, INC**



Principal Place of Business  
**VISTA ASSOCIATED, LTD.**  
**6516 NW 186 STREET BAY 6528**  
**MIAMI FL 33015**

Mailing Address  
**8885 NW 112 TERR.**  
**HIALEAH GARDENS FL 33018**



2. Principal Place of Business - No P.O. Box #  
**6516 NW 186 ST**  
 Suite, Apt. #, etc.  
**BAY 6528**

3. Mailing Address  
**8885 NW 112 TR**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**MIAMI FL**

City & State  
**HIALEAH GARDENS FL**

Zip Country  
**33015 FL USA**

Zip Country  
**33018 FL USA**

4. FEI Number **65-0972398** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, FRANKLIN**  
**8885 NW 112 TERR.**  
**HIALEAH GARDENS FL 33018**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable. (NOT! Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, FRANKLIN</b>	
STREET ADDRESS	<b>8885 NW 112 TERR.</b>	
CITY-STATE-ZIP	<b>HIALEAH GARDENS FL 33018</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIVERO, YAIREMIS</b>	
STREET ADDRESS	<b>8885 NW 112 TERR.</b>	
CITY-STATE-ZIP	<b>HIALEAH GARDENS FL 33018</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_