## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # S34792 OVERTOWN DEVELOPMENT GROUP INC. Principal Place of Business Mailing Address 1023 NW 3RD AVE 10101 COLLINS AVE. MIAMI, FL 33136 BAY HARBOR, FL 33154 04212008 No Chg-P T WRITE IN THIS SPACE 6. Name SALOMON, YUKEN 1023 NW 3RD AVE MIAMI, FL 33136

**FILED** Apr 25, 2008 08:00 AN Secretary of State



CR2E034 (11/05)

SALOMON, 1023 NW 3I MIAMI, FL	RD AVE					
	named entity submits this statement for the pens of registered agent.	ourpose of changing its registere	d office or regis	tered agent, or both, in the	State of Florida. I a	m familiar with, and accept
SIGNATURE_	ignature, typed or printed name of registered agent and title	# applicable. (NOTE: Registered	Agent signature requ	ired when reinstating)	DATE	<u> </u>
	NOW!!! FEE IS \$150.00 y 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	eing \$	5.00 May Be dded to Fees		
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	OFFICERS AND DIRECT PD YUKEN, SALOMON 10101 COLLINS AVE, #9A BAL-HARBOUR, FL 33154 STD YUKEN, ROSA 10101 COLLINS AVE, #9A BAL HARBOUR, FL 33154	CTORS			J0000092347 16708-80033	73 2-004 158.75
NAME STREET ADDRESS	D YUKEN, INGRID 10101 COLLINS AVE, #9A BAL HARBOUR, FL 33154			DO NO IN THIS	T WRIT S SPAC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 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 additional properties of the receiver of the corporation of the receiver or trustee empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR