

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED JAN 18 2006
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # J04411
 1. Entity Name
YANG ENTERPRISES, INC.



Principal Place of Business Mailing Address
1420 ALAFAYA TRAIL SUITE 200 **1420 ALAFAYA TRAIL SUITE 200**
OVIEDO FL 32765 **OVIEDO FL 32765**
US **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 Applied For
59-2825380 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YANG, TYNG-LIN
1420 ALAFAYA TRAIL SUITE 200
OVIEDO FL 32765

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 reconstituting) _____ DATE _____

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	YANG, LI-WOAN	
STREET ADDRESS	1490 SOUTH OAKS DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	V	<input type="checkbox"/> Delete
NAME	YANG, TYNG-LIN	
STREET ADDRESS	1490 SOUTH OAKS DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-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: _____ **4/31/06** **407**
 _____ **-365-7374**