


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90058 039 ****61.25

DOCUMENT # N96000003460
1. Entity Name
YOUN RENMEN LOT (Y.R.L.) INC.



Principal Place of Business Mailing Address
2061 NW 81ST AVENUE STE 629 2061 NW 81ST AVENUE STE 629
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024

94033862



MOORE CR2E037 (11/03)

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
65-0679261 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LETANG, THERESE
2061 NW 81ST AVENUE STE 629
PEMBROKE PINES FL 33024

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LETANG, THERESE	
STREET ADDRESS	2061 N.W. 81 AVE., #629	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LETANG, FILIBERTA	
STREET ADDRESS	11251 SW 20 ST	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONNAY, FANYA	
STREET ADDRESS	11410 N.W. 30TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	I	<input type="checkbox"/> Delete
NAME	DELORME, ELISE	
STREET ADDRESS	9989 PERIWINKLE ST	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Therese Letang* **THERESE LETANG** Date: **3/18/04** Daytime Phone #: **954-437-2804**