


**2005-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90106 003 ****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

2. Principal Place of Business 3. Mailing Address
1810 ACAPULCO DRIVE 1810 ACAPULCO DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
MIRAMAR, FL MIRAMAR, FL
City & State City & State

4. FEI Number Applied For
65-0679261 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip Country Zip Country
33023 USA 33023 USA

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, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LETANG, THERESE 2061 N.W. 81 AVE., #629 PEMBROKE PINES FL	<input checked="" type="checkbox"/> Delete <i>Add.</i>	TITLE PD NAME LETANG, THERESE STREET ADDRESS 1810 ACAPULCO DRIVE CITY-ST-ZIP MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LETANG, FILIBERTA 11251 SW 20 ST MIRAMAR FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONNAY, FANYA 11410 N.W. 30TH PLACE SUNRISE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELORME, ELISE 9989 PERIWINKLE ST MIRAMAR FL 33025	<input checked="" type="checkbox"/> Delete <i>Add.</i>	TITLE T NAME DELORME, ELISE STREET ADDRESS 132 CARRIAGE HILL CITY-ST-ZIP HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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** 2/24/05 954 981-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #