


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003460</b> 1. Entity Name <b>YOUN RENMEN LOT (Y.R.L.) INC.</b>	
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Principal Place of Business <b>1810 ACAPULCO DR MIRAMAR FL 33023</b>	Mailing Address <b>1810 ACAPULCO DR MIRAMAR FL 33023</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>65-0679261</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>LETANG, THERESE 2061 NW 81ST AVENUE STE 629 PEMBROKE PINES FL 33024</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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. (NOTE- Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD LETANG, THERESE	<input type="checkbox"/>
NAME	1810 ACAPULCO DR	
STREET ADDRESS	MIRAMAR FL 33023	
CITY- ST- ZIP		
TITLE	VPD LETANG, FILIBERTA	<input type="checkbox"/>
NAME	11251 SW 20 ST	
STREET ADDRESS	MIRAMAR FL 33025	
CITY- ST- ZIP		
TITLE	SD MONNAY, FANYA	<input type="checkbox"/>
NAME	11410 N.W. 30TH PLACE	
STREET ADDRESS	SUNRISE FL	
CITY- ST- ZIP		
TITLE	T DELORME, ELISE	<input type="checkbox"/>
NAME	132 CARRIAGE HILL	
STREET ADDRESS	MIRAMAR FL 33025	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000643973	<input type="checkbox"/>	<input type="checkbox"/>
NAME	03/02/07-80023-024 61.25		
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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:** *Theresa Letang* **THERESE LETANG** 2/16/07 (954) 981-9966