


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 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 US      OVIEDO, FL 32765 US

**DO NOT WRITE IN THIS SPACE**



03242005      No Chg-P      CR2E034 (10/03)

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

**DO NOT WRITE IN THIS SPACE**

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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

1100000287914  
 04/04/05-80022-011 150.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YANG, LI-WOAN
STREET ADDRESS	1490 SOUTH OAKS DRIVE
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	V
NAME	YANG, TYNG-LIN
STREET ADDRESS	1490 SOUTH OAKS DRIVE
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       4/1/05      407 365-7374  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone