


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business: **1420 ALAFAYA TRAIL SUITE 200 OVIEDO, FL 32765 US**  
 Mailing Address: **1420 ALAFAYA TRAIL SUITE 200 OVIEDO, FL 32765 US**

**DO NOT WRITE IN THIS SPACE**



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2825380</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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, 2007 Fee will be \$550.00**

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

U00000597030  
 04/18/07-80024-009 158.75

**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 exemptions contained in Chapter 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:** *[Signature]* **415107** **407**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mon Phone # **365-7374**