


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90014 037 ***158.75

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 **OVIEDO FL 32765**
US **US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2825380 Not Applicable

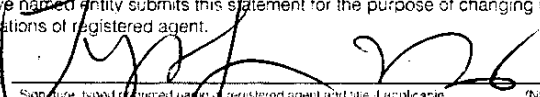
5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)



6. Name and Address of Current Registered Agent
YANG, TYNG-LIN
1420 ALAFAYA TRAIL SUITE 200
OVIEDO FL 32765

7. Name and Address of New Registered Agent
 Name **YANG, LI-WOAN**
 Street Address (P.O. Box Number is Not Acceptable) **1420 ALAFAYA TRAIL, SUITE 200**
 City **OVIEDO** **FL** Zip Code **32765**

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 **4/31/08**
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	YANG, LI-WOAN	
STREET ADDRESS	1490 SOUTH OAKS DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	YANG, TYNG-LIN	
STREET ADDRESS	1490 SOUTH OAKS DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11

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 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 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:  DATE **4/31/08** DAYTIME PHONE # **365-7374**
Signature and typed or printed name of signing officer or director