2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # G84307

1. Entity Name
YUK SHAN CORPORATION

Principal Place of Business	Mailing Address
657 W ORANGE BLOSSOM TRAIL APOPKA, FL 32712-3458	657 W ORANGE BLOSSOM TRAIL APOPKA, FL 32712-3458

DO NOT WRITE IN THIS SPACE

01142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2376544	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, BRUCE W., ESQ.
511 N. MAITLAND AVE
MAITLAND, FL 32751

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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 _____
　　　Signature, typed or printed name of registered agent and title if applicable.　　(NOTE: Registered Agent signature required when reinstating)　　　　　　　DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U000000874760
04/11/08-80005-014 150.00

10.　　　　　OFFICERS AND DIRECTORS

TITLE	PD
NAME	HO, KANG HI
STREET ADDRESS	657 W ORANGE BLOSSOM TR
CITY-ST-ZIP	APOPKA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　　　　　　Date　　　　　Daytime Phone #