2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000114711

1. Entity Name
YUN JIU ENTERPRISES, INC.



Principal Place of Business

9400 ATLANTIC BLVD, SUITE 60 JACKSONVILLE, FL 32225 Mailing Address

539 N MILLS AVENUE ORLANDO, FL 32803

FILED Jan 07, 2004 8:00 am Secretary of State

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01022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3683474

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUANG, QI WEI 9400 ATLANTIC BLVD STE 60 JACKSONVILLE, FL 32225

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 Signature, typed or printed name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing \$5.00 May Be Added to Fees	•			
10.	OFFICERS AND DIREC	TORS		The state of the s			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUANG, QI WEI 2190 MINDANAO DR JACKSONVILLE, FL 32246	:					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUANG, JIAN SHI 1401 S PALMETTO AVE #207 DAYTONA BEACH, FL 32114						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUANG, QI HE 10942 WHITLY CT JACKSONVILLE, FL 32246	error and a superior of the su	D	O NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP.		Major Major Anno Magagin					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; that I am an officer or director							

12. Thereby certify that the information supplied with this fulling does not quality for the exemption is stated in section 1 and stated in the state of the state of the state of the state of this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 #