

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90006 045 ***150.00

DOCUMENT # P01000052967

1. Entity Name
SETKYAR SHIN ENTERPRISES, INC.



Principal Place of Business
10101 SW 18TH STREET
FORT LAUDERDALE, FL 33324

Mailing Address
10101 SW 18TH STREET
FORT LAUDERDALE, FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1107714

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NYO NYO, THAN
10101 SW 18 STREET
FORT LAUDERDALE, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NYO NYO, THAN	
STREET ADDRESS	10101 SW 18 THAN	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	U PE, THAN	
STREET ADDRESS	10101 SW 18 STREET	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAW, MYA KYWE	
STREET ADDRESS	10101 SW 18 STREET	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAUNG, THU M	
STREET ADDRESS	10101 SW 18 STREET	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HTOO, NAING	
STREET ADDRESS	10101 SW 18 STREET	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	HLAING, KYWE	
STREET ADDRESS	10101 SW 18TH ST.	
CITY-ST-ZIP	DAVIE, FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HTOO NAING	
STREET ADDRESS	10101 SW 18 STREET	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUNG MYA KYWE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAW ZAW MOE	
STREET ADDRESS	10101 SW 18 STREET	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U PE THAN	
STREET ADDRESS	10101 SW 18 STREET	
CITY-ST-ZIP	DAVIE, FL 33324	
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 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 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:

U PE THAN U PE THAN

05/18/05 (954)693-8950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #