2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052967

Entity Name: SETKYAR SHIN ENTERPRISES, INC.

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
10101 SW 18TH STREET FORT LAUDERDALE, FL 33324					
Current Mailing Address:			New Maili	New Mailing Address:	
10101 SW 18TH STREET FORT LAUDERDALE, FL 33324					
FEI Number:	65-1107714	FEI Number Applied For () FEI N	umber Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
NYO NYO, THAN 10101 SW 18 STREET FORT LAUDERDALE, FL 33324 US					
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.					
SIGNATURE:					
	Electror	nic Signature of Registered Agent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (THAN, NYO NY 10101 SW 18T DAVIE, FL 333	'H ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (NAING, HTOO 10101 SW 18T DAVIE, FL 333		Title: Name: Address: City-St-Zip:	V (X) Change () Addition THAN, U PE 10101 SW 18TH ST DAVIE, FL 33324	
Title: Name: Address: City-St-Zip:	D (U PE, THAN 10101 SW 18 S DAVIE, FL 333		Title: Name: Address: City-St-Zip:	D (X) Change () Addition NAING, HTOO 10101 SW 18 STREET DAVIE, FL 33324	
Title: Name: Address: City-St-Zip:	D (HLAING, KYWE 10101 SW 18T DAVIE, FL 333	HST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C (SOE, THEIN 10101 SW 18T DAVIE, FL 333		Title: Name: Address: City-St-Zip:	D (X) Change () Addition SOE, THEIN 10101 SW 18TH ST DAVIE, FL 33324	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MOE, ZAW Z 10101 S W 18TH ST DAVIE, FL 33324	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NYO NYO THAN P 04/13/2007