
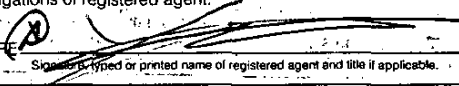
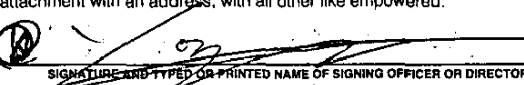


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90029 007 \*\*\*150.00

<b>DOCUMENT # P02000034349</b> 1. Entity Name <b>YONG HE, INC.</b>					
Principal Place of Business <del>9107 TAFT STREET</del> <del>PEMBROKE PINES, FL 33024</del> US			Mailing Address <b>9107 TAFT STREET</b> <b>PEMBROKE PINES, FL 33024</b> US		
2. Principal Place of Business <b>1561 S. CONGRESS AVE.</b> Suite, Apt. #, etc.			3. Mailing Address <b>1561 S. CONGRESS AVE.</b> Suite, Apt. #, etc.		
City & State <b>DELRAY BEACH, FL.</b>		City & State <b>DELRAY BEACH</b>		4. FEI Number <b>02-0577304</b>	
Zip <b>33445</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HE, YONG</b> <b>9107 TAFT STREET</b> <b>PEMBROKE PINES, FL 33024</b>				7. Name and Address of New Registered Agent Name <b>YONG HE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1561 South Congress Ave.</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33445</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>2/15/05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE <b>D</b> NAME <b>HE, YONG</b> STREET ADDRESS <b>9107 TAFT STREET</b> CITY-ST-ZIP <b>PEMBROKE PINES, FL 33024</b>	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>2/15/05</b> Daytime Phone # <b>561 3307718</b>					