

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90003 047 ***150.00

DOCUMENT # P02000061470
 1. Entity Name
YANG'S FAMILY ENTERPRISES, INCORPORATED



Principal Place of Business: **257 EAST HIGHLAND BLVD. INVERNESS, FL 34452**
 Mailing Address: **257 EAST HIGHLAND BLVD. INVERNESS, FL 34452**

40029904



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

03012007 Chg-P CR2E034 (12/06)

4. FEI Number: **82-0598442**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
LIANG, BRIAN
1226 E. COLONIAL DRIVE
SUITE B
ORLANDO, FL 32803

7. Name and Address of New Registered Agent
 Name: **HAI YING ZHONG**
 Street Address (P.O. Box Number is Not Acceptable): **257 E. HIGHLAND BLVD**
 City: **INVERNESS** FL Zip Code: **34452**

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: *Hai Ying Zhong* **HAI YING ZHONG** **3-1-2007**
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, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANG, RONG 257 EAST HIGHLAND BLVD INVERNESS, FL 34452 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.S. D ZHONG, HAI YING 257 E. HIGHLAND BLVD INVERNESS, FL 34452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Hai Ying Zhong* **3/1/2007** **(352) 926-8885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #