

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90299 042 ***150.00

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1. Entity Name

YIM & CHEN, INC.



Principal Place of Business

657 NW 48TH AVENUE
DEERFIELD BEACH FL 33442

Mailing Address

657 NW 48TH AVENUE
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1019109

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

YIM, KELVIN
657 NW 48TH AVENUE
DEERFIELD BEACH FL 33442

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **YIM, KELVIN**
STREET ADDRESS **657 NW 48TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **VP** ☐ Delete
NAME **CHEN, SHEN GUAN**
STREET ADDRESS **657 NW 48TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **S** ☐ Delete
NAME **CHEN, KAI**
STREET ADDRESS **657 NW 48TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P. Yim, KELVIN** ☐ Change ☐ Addition
NAME
STREET ADDRESS **2389 SE OCEAN BLVD**
CITY-ST-ZIP **STUART FL 34996**

TITLE **VP** ☐ Change ☐ Addition
NAME **CHEN, SHEN GUAN**
STREET ADDRESS **2389 SE OCEAN BLVD**
CITY-ST-ZIP **STUART FL 34996**

TITLE **S** ☐ Change ☐ Addition
NAME **CHEN KAI**
STREET ADDRESS **2389 SE OCEAN BLVD**
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEN GUAN CHEN

3/1/05

772 286 661

Date

Daytime Phone #