## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P02000116842** 1. Entity Name YT & T, INC. Principal Place of Business Mailing Address 18999 BISCAYNE BLVD. 18999 BISCAYNE BLVD. SUITE 205 SUITE 205 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Act. #, etc. 03032004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 06-1655771 Not Applicable Ζφ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YU, YIBIN Street Address (P.O. Box Number is Not Acceptable) 18999 BISCAYNE BLVD. SUITE 205 AVENTURA, FL 33180 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550,00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE □ Defete TITLE ☐ Addition YU. YIBIN MAME NAME U00000118529 04/19/04-80063-019 150.00 4424 BUSH CIRCLE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FREMONT, CA 4538 Delete TITLE TITLE Change ☐ Addition GAO, WEI NAME MAME STREET ADDRESS 4424 BUSH CIRCLE STREET ADDRESS CITY-ST-ZIP FREMONT, CA 4538 CITY-ST-ZIP TITLE ☐ Defete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**FILED**