2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000101991

1. Entity Name
YSB CORPORATION



FILED
May 05, 2005 08:00 AM
Secretary of State

Principal Place of Business

8330 NORTH FLORIDA AVENUE TAMPA, FL 33604 Mailing Address

8330 NORTH FLORIDA AVENUE TAMPA, FL 33604



DO NOT WRITE IN THIS SPACE

04302005 No Chg-P CR2E034 (10/03)

20-0284665	Not Applicable
4. FEI Number	Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

the obligations of registered agent.

SIGNATURE:

DO NOT WRITE IN THIS SPACE

S GNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ny 1, 2005 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	° _	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NV.ME STREET ADDRESS CITY-ST-ZIP	PSTD BAE, YONG SOO 8330 NORTH FLORIDA AVENUE TAMPA, FL 33604	-			U00000363109 05/05/05-80146-006 150.00
TITUE NV ME STREET ADDRESS CITY-ST-ZIP					wayuayua-80146-806 150.0U
TITLE NUME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NVME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE N/ ME STREET ADDRESS CITY-ST-ZIP					
TI LE NV.ME STREET ADDRESS CTY-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)(f), 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.					

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