2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000021644

WIN KYAW AUNG ENTERPRISES, INC.



Principal Place of Business

6. Name and Address of Current Registered Agent

Mailing Address

1200 SE GLENWOOD DR APT 1 STUART, FL 34994

1200 SE GLENWOOD DR APT 1 STUART, FL 34994

FILED Apr 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01252007 No Chg-P

4. FEI Number 68-0578483

Not Applicable \$8.75 Additional

Applied For

5. Certificate of Status Desired

Fee Required

KYAW, MOE

DO NOT WOITE

1200 SE GLENWOOD DR APT 1 STUART, FL 34994			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent. Signatur typesor printed name of registered agent and title			egistered agent, or both,	in the State of Florida. I am familiar with, and accept $04/16/07$ DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KYAW, MOE 1200 SOUTHEAST GLENWOOD DRIVE APT 1 STUART, FL 34994					
TITLE Name Street adoress City-S1-Z1P	V WINN, KHIN KHIN 1200 SOUTHEAST GLENWOOD DRIVE APT 1 STUART, FL 34997					
TITLE NAME Street Address City-St-Zip	ss			DO NOT WRITE IN THIS SPACE		
TITLE NAME						

U00000716422 04/30/07-80007-014 158.75

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #