2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000047740

1. Entity Name
YENCI POZU INC



FILED Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3920 SW 12 CT.

FT. LAUDERDALE, FL 33312

3920 SW 12 CT.

FT. LAUDERDALE, FL 33312



	04082007	No Chg-P	CR2E034 (11/05)
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4. FEI Number
47-0952525

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POZU, YENCI 5960 SW 14 ST. PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

				•••	11110 017102
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered A	gent signalur	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD POZU, YENCI 3920 SW 12 CT. FT. LAUDERDALE, FL 33312				110000000000000000000000000000000000000
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000639480 04/19/07-80044-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

RE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-07

954. 687-8673.

at**e**

Daytime Phone #