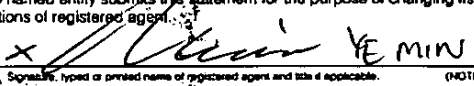
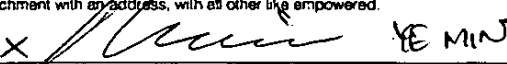


FILED
Apr 04, 2005 8:00 am
Secretary of State

03-07-2005 90261 035 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000074885			
1. Entity Name YE MIN ENTERPRISES, INC.			
Principal Place of Business 2001 SAN MARCOS DR #8 WINTER HAVEN, FL 33880 US		Mailing Address 2001 SAN MARCOS DR #8 WINTER HAVEN, FL 33880 US	
2. Principal Place of Business 2085 ISLE ROYAL CT. Suite, Apt. #, etc. #187 City & State Winter Haven, FL Zip 33880 Country US		3. Mailing Address 2085 ISLE ROYAL CT. Suite, Apt. #, etc. #187 City & State Winter Haven, FL Zip 33880 Country US	
02122005 Chg-P CR2E034 (10/03)		4. FEI Number 20-1377824	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent YE, MIN 2001 SAN MARCOS DR #8 WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name YE, MIN Street Address (P.O. Box Number is Not Acceptable) 2085 ISLE ROYAL CT. #187 City Winter Haven FL Zip Code 33880	
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  YE MIN DATE 3.30.06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P. ☐ Delete YE, MIN 2001 SAN MARCOS DR #8 WINTER HAVEN, FL 33880		☒ Change ☐ Addition 2085 ISLE ROYAL CT. #187 WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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:  YE MIN		3.30.06 863 294 6361	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	