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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.

66008507

02122005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2001 SAN MARCOS DR #8 WINTER HAVEN, FL 33880 US	2001 SAN MARCOS DR #8 WINTER HAVEN, FL 33880 US

2. Principal Place of Business		3. Mailing Address	
2085 ISLE ROYAL CT.		2085 ISLE ROYAL CT.	
Suite, Apt. #, etc. #187		Suite, Apt. #, etc. #187	
City & State Winter Haven, FL		City & State Winter Haven, FL	
Zip 33880	Country US	Zip 33880	Country US

4. FEI Number 20-1377824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YE, MIN 2001 SAN MARCOS DR #8 WINTER HAVEN, FL 33880	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: X [signature] YE MIN 3.30.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P YE, MIN 2001 SAB MARCOS DR #8 WINTER HAVEN, FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2085 ISLE ROYAL CT. #187 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: X [signature] YE MIN 3.30.06 863 294 6301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #