


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90066 037 \*\*\*150.00

<b>DOCUMENT # P05000059672</b> 1. Entity Name <b>YONGYAN HEALTH INDUSTRY INTERNATIONAL GROUP, INC.</b>					
Principal Place of Business <b>13188 SW 91 PL</b> <b>MIAMI, FL 33176</b>			Mailing Address <b>13188 SW 91 PL</b> <b>MIAMI, FL 33176</b>		
2. Principal Place of Business - No P.O. Box # <b>16240 SW 91 CT</b>		3. Mailing Address <b>16240 SW 91 CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>20-2733511</b>	
Zip <b>33157</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZHANG, JIU Y</b> <b>13188 SW 91 PL</b> <b>MIAMI, FL 33176</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>16240 S.W. 91 CT</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33157</b>		
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 <u><i>[Signature]</i></u> <b>JIUYAN ZHANG</b> <b>President</b> <b>01/18/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DPST ZHANG, JIU Y 13188 S.W. 91 PL MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>16240 SW. 91 CT</b> <b>MIAMI, FL 33157</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QIU, MEI Y 13188 SW 91 PL MIAMI, FL 33176	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	16240 S.W. 91 CT MIAMI, FL 33157	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>JIUYAN ZHANG</b> <b>04/18/07</b> <b>786-683-3322</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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