## **~ 2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P05000102018**

1. Entity Name YOO CORPORATION

Principal Place of Business

Mailing Address

2800 N. MILITARY TRAIL, SUITE 117 W. PALM BCH, FL 33409

2800 N. MILITARY TRAIL, SUITE 117 W. PALM BCH, FL 33409

## FILED May 02, 2007 08:00 A Secretary of State



CR2E034 (11/05)

Daytime Phone #

DO NO	<b>WRITE</b>	IN THIS	SPACE
-------	--------------	---------	-------

04282007 No Chg-P Applied For 4. FEI Number Not Applicable 20-4531778 \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

LEE, KI JOONG 2800 N. MILITARY TRAIL, SUITE 117 W. PALM BCH, FL 33409

SIGNATURE: \

## DO NOT WRITE IN THIS SPACE

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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finant Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	000000754308 05/22/07-80055-020 150 00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, KI JOONG 2800 N. MILITARY TRAIL, SUITE 117 W. PALM BCH, FL 33409					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-SI-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.						

lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR