2007 FOR PROFIT CORPORATION

Mar 15, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P06000109523 03-15-2007 90020 038 ***150.00 1. Entity Name YANGS FOOD SERVICES, INC. Principal Place of Business Mailing Address 1455 NW 107 AVE 18999 BISCAYNE BLVD **STE 440** STE 205 MIAMI, FL 33172 AVENTURA, FL 33180 US 2. Principal Place of Business - No P.O. Box # 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 CR2E034 (12/06) City & State City & State Applied For 4. FEI Number VO-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YANG, CUI LAN **7520 SW 82 STREET** Street Address (P.O. Box Number is Not Acceptable) # G215 MIAMI, FL 33143 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE NAME YANG, CUI LAN NAME 7520 SW 82 STREET, # G215 STREET ADDRESS STREET ADDRESS MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TIT! F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIF

FILED