2007 FOR PROFIT CORPORATION, ANNUAL REPORT

DOCUMENT # P94000046313

1. Entity Name
CYC ENTERPRISE CORPORATION



FILED Jun 01, 2007 08:00 AM Secretary of State

Fee Required

Principal Place of Business 18320 CYPRESS VIEW WAY

TAMPA, FL 33647

NAME STREET ADDRESS Mailing Address

18320 CYPRESS VIEW WAY TAMPA, FL 33647



DO NOT WRITE IN THIS SPACE

03282007 NO Chg-F	UNZ	LU34 (11/03)		
4. FEI Number		Applied For		
59-3252861		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

DONEY, DAVID M 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida, I am familiar with, and accept
SIGNATURE_					
	Signature, lyped or printed name of registered agent and tibi	il applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	LE NOWIII FEE IS \$550.00 ue by September 14, 2007	S. Election Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, TOGN-HO H 3 MIZZENMAST LN SAVANNAH, GA 31411				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAO, CHAO T 18320 CYPRESS VIEW WAY TEMPA, FL				U00000765790 06/04/07-80004-025 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D CRUZ, WHADONG 548 TAKELY DR LAWRENCEVILLE, GA 30045			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, JENNY 3 MIZZENMAST LN SAVANNAH, GA 31411		·	IN T	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
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12. I hereby cortify 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 affect 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: MENA HENA	y CHEN	5/29/07	803-743-5946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	, -	Date	Daytime Phone #