## **2007 FOR PROFIT CORPORATION**

## FILED Apr 18, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P94000067672 YEUNG & YEUNG ENTERPRISES, INC. Principal Place of Business Mailing Address 11232 PINES BLVD. 11232 PINES BLVD. PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 US 04152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0521495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YEUNG, MAN C DO NOT WRITE 11232 PINES BLVD. PEMBROKE PINES, FL 33026 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME YEUNG, MAN C 11232 PINES BLVD. STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33026 TITLE SD YEUNG, DICK M NAME STREET ADDRESS 11232 PINES BLVD. CITY-ST-ZIP PEMBROKE PINES, FL 33026 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U000000714718 CITY - ST - ZIP 04/27/07-80035-007 150.00

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.

SIGNATURE: \_

TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #