2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90239 028 ***150 00 DOCUMENT # P94000072950 1. Entity Name Y INTERNATIONAL, INC. Principal Place of Business Mailing Address 7806 N.W. 46TH ST 7806 N.W. 46TH ST 54035123 **UNIT #14 UNIT #14** MIAMI, FL 33166 US MIAMI, FL 33166 US CR2E034 (10/03) 01162004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0528933 Not Applicable \$8.75 Additional 5. Certificate of Status Desired - - - -Fee Required: 6. Name and Address of Current Registered Agent FAN, YU DO NOT WRITE 988 NW 156 AVENUE PEMBROKE PINES, FL 33028 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FAN, YU NAME STREET ADDRESS 988 NW 156 AVENUE PEMBROKE PINES, FL CITY-ST-ZIP ZHOU, JIAN HUA NAME 988 N.W. 156TH AVENUE STREET ADDRESS PEMBROKE PINES, FL 33028 CITY-ST-ZIP TITLE NAME STREFT ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIF

12. I hereby certify that the information supplied with this fifing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED