2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 30, 2005 08:00 AN DOCUMENT # P94000072950 **Secretary of State** 1. Entity Name Y INTERNATIONAL, INC. Mailing Address Principal Place of Business 7806 N.W. 46TH ST 78,06 N.W. 46TH ST UNIT #14 **UNIT #14** MMMI, FL 33166 US MIAMI, FL 33166 US 02092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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_ (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and life if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TITLE FAN. YU NAME 988 NW 156 AVENUE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL TITLE ZHOU, JIAN HUA NAME U00000348847 STREET ADORESS 988 N.W. 156TH AVENUE 05/02/05-80040-007 150.00 PEMBROKE PINES, FL 33028 CITY-ST-7/P TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-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 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 path, that I am an officer or director the receiver of trustee empowered to execute this report is, revolutely to uptor (/// 1 to all that it is and that my は スペーション・シャン・シャン・シャン・シャン・シャン・シャン・シャン・ファ

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR