2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 02, 2005 08:00 AM Secretary of State DOCUMENT # P95000069142 1. Entity Name YAU'S CORPORATION Mailing Address Principal Place of Business 912 NORTH LAKE BLVD 912 NORTH LAKE BLVD LAKE PARK, FL 33403 LAKE PARK, FL 33403 US 02012005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0617554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YAU, CHAU-FUN DO NOT WRITE 6142 E. WAUDONDA WAY LAKE WORTH, FL 33463 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election_Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Added to Fees Trust Fund Contribution, *ĦŨŨŨŨŨŨŹ*4**S**32Ũ OFFICERS AND DIRECTORS 10. 03/02/05-80067-020 150.00 TITLE NAME YAU, CHAU-FUN 6142 E. WAUDONDA WAY STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 TITLE NAME STREET ADDRESS CITY-ST-7IP DTIE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), 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. CHAU-FLM: YAU

CHAU-FUN YAU

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 25 05

(954) 946 -80 11

Daytime Phone #

FILED