

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000096783**

1. Entity Name  
TRANSAMERICA FOOD ENTERPRISES, INC.



Principal Place of Business

11077 N.W. 36 AVENUE  
MIAMI, FL 33167 US

Mailing Address

11077 N.W. 36 AVENUE  
MIAMI, FL 33167 US



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0651675

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FYYU, STANLEY  
8538 GLENCAIRN LANE  
MIAMI LAKE, FL 33076

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YU, STANLEY F
STREET ADDRESS	8538 GLENCAIRN LANE
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	V
NAME	YEE, KAN
STREET ADDRESS	6030 NW 62 CT
CITY - ST - ZIP	PARKLAND, FL 33067
TITLE	S
NAME	YU, WINNIE
STREET ADDRESS	8538 GLENCAIRN LANE
CITY - ST - ZIP	MIAMI LAKE, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000182841  
01/19/05-80045-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-688-2228