

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000074874**

1. Entity Name  
JIN YUAN, INC.



Principal Place of Business  
4960 HAVERHILL COMMON CIRCLE SE 23  
WEST PALM BEACH, FL 33417

Mailing Address  
2677 FOREST HILL BLVE  
119  
WEST PALM BEACH, FL 33406 US



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0701968

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAM, TAK P  
4960 HAVERHILL COMMON CIRCLE SE 23  
WEST PALM BEACH, FL 33417

**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)

000000220775

**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

02/12/05-80042-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LAM, TAK P  
STREET ADDRESS 4960 HAVERHILL COMMON CIRCLE SE 23  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE PDTS  
NAME LAM, TAK P  
STREET ADDRESS 4960 HAVERHILL COMMON CIR #23  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/05  
Date

561-641-2665  
Daytime Phone #