


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000018348 1. Entity Name Y & K ENTERPRISES, INC.	
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Principal Place of Business 2401 NW 5TH AVE #1 MIAMI FL 33127	Mailing Address 2401 NW 5TH AVE #1 MIAMI FL 33127
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0816800
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

6. Name and Address of Current Registered Agent
KIM, YOUNG KOO 2401 NW 5TH AVE MIAMI FL 33127

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE: PD <input type="checkbox"/> Delete NAME: KIM, YOUNG KOO STREET ADDRESS: 15145 DUNBARTON ST CITY - ST - ZIP: MIAMI FL 33016	
TITLE: SD <input type="checkbox"/> Delete NAME: KIM, KYONG JA STREET ADDRESS: 15145 DUNBARTON ST CITY - ST - ZIP: MIAMI FL 33016	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: STREET ADDRESS: CITY - ST - ZIP:	U00000207417 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/01/05-80044-019 150.00
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: STREET ADDRESS: CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: STREET ADDRESS: CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: STREET ADDRESS: CITY - ST - ZIP:	
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TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	1 - 27 - 05	305-573-0417
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>