


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000018348</b> 1. Entity Name <b>Y &amp; K ENTERPRISES, INC.</b>	
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Principal Place of Business <b>2401 NW 5TH AVE #1 MIAMI FL 33127</b>	Mailing Address <b>2401 NW 5TH AVE #1 MIAMI FL 33127</b>
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2. Principal Place of Business	3. Mailing Address	
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Suits, Apt. #, etc.	Suite, Apt. #, etc.	
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City & State	City & State	4. FEI Number <b>65-0816800</b>
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Applied For	Not Applied
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
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1st MOORE CR2E034 (10/05)	<b>\$6.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>KIM, YOUNG KOO 2401 NW 5TH AVE MIAMI FL 33127</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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	FL Zip Code
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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 re-registering)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Added to Fee
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10. OFFICERS AND DIRECTORS		Delete
TITLE	PD	<input type="checkbox"/>
NAME	KIM, YOUNG KOO	
STREET ADDRESS	15145 DUNBARTON ST	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	SD	<input type="checkbox"/>
NAME	KIM, KYONG JA	
STREET ADDRESS	15145 DUNBARTON ST	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Add
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** 