


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000018348
 1. Entity Name
 Y & K ENTERPRISES, INC.



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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DO NOT WRITE IN THIS SPACE



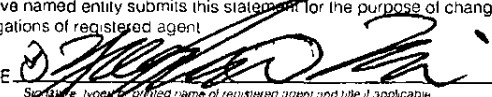
04122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0816800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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:  DATE: _____

Signature: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIM, YOUNG KOO 15145 DUNBARTON ST MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIM, KYONG JA 15145 DUNBARTON ST MIAMI, FL 33016
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 05/23/08-80065-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE: _____ DAY/STATE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR