

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90103 048 ***150.00

DOCUMENT # P04000173073	
1. Entity Name YGF TRANSPORTATION INC.	

Principal Place of Business 5580 SW 7CT. MARGATE FL 33068	Mailing Address 5580 SW 7CT. MARGATE FL 33068
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2. Principal Place of Business 5580 SW 7CT Suite, Apt. #, etc. Margate City & State Florida Zip 33068	3. Mailing Address 5580 SW 7th Ct Suite, Apt. #, etc. Margate City & State Florida Zip 33068
Country Broward	Country Broward

1st MOORE CR2E034 (10/04)

4. FEI Number 34-2034757	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, HOPIE M 7104 NW 68 STREET TAMARAC FL 33321	
7. Name and Address of New Registered Agent Name No Change 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE No Change	☐ Change ☐ Addition
NAME FRANCIS, YVONNE		NAME No Change	
STREET ADDRESS 5580 SW 7 CT.		STREET ADDRESS No Change	
CITY-ST-ZIP MARGATE FL 33068		CITY-ST-ZIP No Change	
TITLE VP	☐ Delete	TITLE No Change	☐ Change ☐ Addition
NAME FRANCIS, GLASCO		NAME No Change	
STREET ADDRESS 5580 SW 7 CT.		STREET ADDRESS No Change	
CITY-ST-ZIP MARGATE FL 33068		CITY-ST-ZIP No Change	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: Yvonne J Francis H-01-05. (954) 917-0889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #