


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90025 026 ***150.00

DOCUMENT # P04000173073

1. Entity Name
YGF TRANSPORTATION INC.



Principal Place of Business Mailing Address
5580 SW 7CT. MARGATE FL 33068 US **5580 SW 7CT. MARGATE FL 33068 US**



2. Principal Place of Business 3. Mailing Address
5580 SW 7th Court *5580 SW 7th Court*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Margate *Margate*
 City & State City & State
Florida *Florida*

1st MOORE CR2E034 (10/05)

4. FEI Number **34-2034757** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Zip Country
33068 USA *33068 USA*

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 _____
 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRANCIS, YVONNE	
STREET ADDRESS	5580 SW 7 CT.	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRANCIS, GLASCO	
STREET ADDRESS	5580 SW 7 CT.	
CITY-ST-ZIP	MARGATE FL 33068	
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Yvonne Francis* **FRANCIS** **3-13-06** **(954) 254-6888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #