
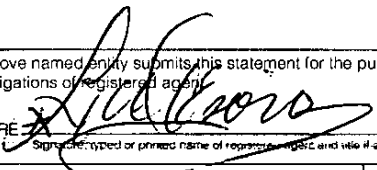
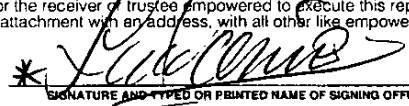


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

1082

05 OCT -6 PM 1:31

RECEIVED  
FLORIDA SECRETARY OF STATE

DOCUMENT # P00000110688			
1. Entity Name YELLOW MACHINERY CORP.			
Principal Place of Business 15270 SW 104TH STREET APT. 117 MIAMI, FL		Mailing Address 15270 SW 104TH STREET APT. 117 MIAMI, FL	
2. Principal Place of Business 8050 SW 152ND AVE Suite, Apt. #, etc. UNIT 409 City & State MIAMI FL Zip 33193 Country USA		3. Mailing Address 8050 SW 152ND AVE Suite, Apt. #, etc. UNIT 409 City & State MIAMI FL Zip 33193 Country USA	
4. FEI Number 65-1058364		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSORIO, LUIS CARLO 15270 SW 104TH STREET APT. 117 MIAMI, FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8050 SW 152ND AVE UNIT 409 City MIAMI FL Zip Code 33193	
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 January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OSORIO, LUIS CARLOS 15278 SW 104 STREET APT S-22 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8050 SW 152ND AVE UNIT 409 MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ, CLAUDIA P 15278 SW 104 STREET APT S-22 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8050 SW 152ND AVE UNIT 409 MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060316405 10/07/05--01003--004 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, 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: 		9/30/2005 305-752 9028	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

2052

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

DOC. P00000110688

**YELLOW MACHINERY CORP.**  
**NEW ADDRESS:**  
**8050 SW 152<sup>ND</sup> AVE UNIT 409**  
**MIAMI FL 33193**

To Whom It May Concern:

This letter is in regards to the corporation annual report for the years 2004, 2005, according to our records we never received an annual report for our corporation. We are filled out blank report to your department because we never received the original report. Please accept our apologies and accept this 300.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,



PRESIDENT