
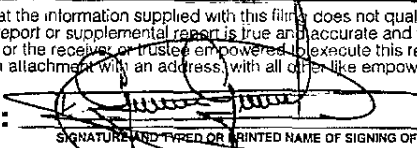


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000045503</b> 1. Entity Name <b>CORDIALITY TRANSPORTATION CORP.</b>																																																																																																														
Principal Place of Business <b>1251 FAIRLAKE TRCE 407 WESTON, FL 33326</b>			Mailing Address <b>1251 FAIRLAKE TRCE 407 WESTON, FL 33326</b>																																																																																																											
2. Principal Place of Business			3. Mailing Address																																																																																																											
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																											
City & State			City & State																																																																																																											
Zip		Country		Zip																																																																																																										
Country		Country		4. FEI Number <b>16-1664334</b>																																																																																																										
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																										
6. Name and Address of Current Registered Agent  <b>GALEANO, GIOVANNI 1251 FAIRLAKE TRCE 407 WESTON, FL 33326</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																										
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																														
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																										
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GALEANO, GIOVANNI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1251 FAIRLAKE TRCE #407</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WESTON, FL 33326</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAZA LOPEZ, DIANA Z</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1251 FAIRLAKE TRCE., #407</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WESTON, FL 33326</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>U00000349972</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>05/02/05-80083-023 158.75</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	GALEANO, GIOVANNI		STREET ADDRESS	1251 FAIRLAKE TRCE #407		CITY-ST-ZIP	WESTON, FL 33326		TITLE	V	<input type="checkbox"/> Delete	NAME	DAZA LOPEZ, DIANA Z		STREET ADDRESS	1251 FAIRLAKE TRCE., #407		CITY-ST-ZIP	WESTON, FL 33326		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			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	U00000349972		CITY-ST-ZIP	05/02/05-80083-023 158.75		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	P	<input type="checkbox"/> Delete																																																																																																												
NAME	GALEANO, GIOVANNI																																																																																																													
STREET ADDRESS	1251 FAIRLAKE TRCE #407																																																																																																													
CITY-ST-ZIP	WESTON, FL 33326																																																																																																													
TITLE	V	<input type="checkbox"/> Delete																																																																																																												
NAME	DAZA LOPEZ, DIANA Z																																																																																																													
STREET ADDRESS	1251 FAIRLAKE TRCE., #407																																																																																																													
CITY-ST-ZIP	WESTON, FL 33326																																																																																																													
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																																																																																																														
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
STREET ADDRESS	U00000349972																																																																																																													
CITY-ST-ZIP	05/02/05-80083-023 158.75																																																																																																													
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 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.																																																																																																														
<b>SIGNATURE:</b>  <b>GIOVANNI GALEANO</b> <b>04/28/05</b> <b>(754) 246-6790</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																														