

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90283 029 ***150.00

DOCUMENT # P04000075449

1. Entity Name
Y&A TRANSPORT INC.



Principal Place of Business
2530 W 5 WAY
HALEAH, FL 33010

Mailing Address
2530 W 5 WAY
HALEAH, FL 33010

50023272

2. Principal Place of Business
5491 W 7th Court

3. Mailing Address
5491 W 7th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah

City & State
Hialeah

Zip
FL

Country
33012

Zip
FL

Country
33012

02162005 Chg-P CR2E034 (10/03)

4. FEI Number
55-0868693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, YAIMA
2530 W 5 WAY
HALEAH, FL 33010
5491 W 7th Court
Hialeah, FL 33012

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, YAIMA	
STREET ADDRESS	2530 W 5 WAY 5491 W 7th Court	
CITY-ST-ZIP	HALEAH, FL 33010 Hialeah FL 33012	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ALBERTO	
STREET ADDRESS	2530 W 5 WAY 5491 W 7th Court	
CITY-ST-ZIP	HALEAH, FL 33010 Hialeah FL 33012	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNANDEZ, BELKYS A	
STREET ADDRESS	2530 W 5 WAY 5491 W 7th Court	
CITY-ST-ZIP	HALEAH, FL 33010 Hialeah FL 33012	
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		
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-05