


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

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03-24-2005 90046 024 \*\*\*150.00  
04-11-2005 90141 044 \*\*\*150.00  
02-10-2005 90043 009 \*\*\*150.00

<b>DOCUMENT # P04000117598</b>	
1. Entity Name <b>YORDAN'S TRANSPORT CORP</b>	

Principal Place of Business <b>719 LORI DR APT. 215 PALM SPRINGS, FL 33461 US</b>	Mailing Address <b>719 LORI DR APT. 215 PALM SPRINGS, FL 33461 US</b>
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**66013499**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <b>3544 Gulfstream Rd</b>	Suite, Apt. #, etc. <b>3544 Gulfstream Rd</b>
City & State <b>Lake Worth FL</b>	City & State <b>Lake Worth FL</b>
Zip <b>33461</b>	Zip <b>33461</b>
Country <b>US</b>	Country <b>US</b>

04052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1497810</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SARDINA, YORDAN 719 LORI DR APT. 215 PALM SPRINGS, FL 33461</b>	7. Name and Address of New Registered Agent Name <b>Maria Sardinas</b> Street Address (P.O. Box Number is Not Acceptable) <b>3544 Gulfstream Rd</b> City <b>Lake Worth</b> FL Zip Code <b>33461</b>
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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 Maria Sardinas DATE 04-09-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SARDINA, YORDAN</b>		NAME <b>Maria Sardinas</b>	
STREET ADDRESS <b>719 LORI DR APT. 215</b>		STREET ADDRESS <b>3544 Gulfstream Rd</b>	
CITY-ST-ZIP <b>PALM SPRINGS, FL 33461</b>		CITY-ST-ZIP <b>Lake Worth FL 33461</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALEMAN, REINIER</b>		NAME	
STREET ADDRESS <b>3544 GULFSTREAM RD #B</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKE WORTH, FL 33461</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Maria Sardinas DATE 04-09-05 (561)357-5533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR