

**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

**DOCUMENT # P04000117598**  
 1. Entity Name  
**YORDAN'S TRANSPORT CORP**



Principal Place of Business      Mailing Address  
**719 LORI DR**                              **719 LORI DR**  
**APT. 215**                                      **APT. 215**  
**PALM SPRINGS, FL 33461 US**      **PALM SPRINGS, FL 33461 US**

**66013499**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**3544 Gulfstream Rd**      **3544 Gulfstream Rd**  
 City & State      City & State  
**Lake Worth FL**      **Lake Worth FL**  
 Zip      Country      Zip      Country  
**33461**      **US**      **33461**      **US**

04052005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**20-1497810**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**SARDINA, YORDAN**  
**719 LORI DR**  
**APT. 215**  
**PALM SPRINGS, FL 33461**

Name      **Maria Sardinias**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3544 Gulfstream Rd**  
 City      **Lake Worth**      FL      Zip Code      **33461**

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 Sardinias**      DATE      **04-09-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SARDINA, YORDAN 719 LORI DR APT. 215 PALM SPRINGS, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Maria Sardinias 3544 Gulfstream Rd Lake Worth FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEMAN, REINIER 3544 GULFSTREAM RD #B LAKE WORTH, FL 33461 <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
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 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 Sardinias**      DATE: **04-09-05 (561)357-5533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #