2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2008 8:00 am Secretary of State

DOCUMENT # P04000164572 1. Entity Name YELLOW TRUCKING CORP.					05-12-2008	90027 010 ***15	50.00
Principal Place of Business 11106 NW 2ND STREET HIAMI, FL 33172 MAIling Address P.O. BOX 654704			S-	1010	,		
2. Principal Place of Business: No P.O. Boy# 60/8 APPLE AVE Suite, Apt. #, etc. 3. Mailing Address 60/8 Suite, Apt. #, etc.			re Av	05042008 Chg-P CR2E034 (12/06)			
City & Stat	COA FI	City & State	FL	4. FEI Numb		⊢ +	oplied For
Zip 32	927 Country 15A	²¹ 32927	Country 5/	1	of Status Desired	\$8.75 Add	ditional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
Name							
FALERO, ESTHER -11106 NW 2ND-STREET- MIAMI, FL 33172-			Street A	Street Address (P.O. Box Number is Not Acceptable)			
			<u> </u>	6018 APPLE AVE			
			City C	OCOA		FL Z	227
8. The above named entity submits this example of 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. Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						F.S., the notice.	
10.	, OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	Р	☐ Delete	TITLE			Change Change	☐ Addition
NAME	FALERO, ESTHER		NAME	1000 AL	DOLE AVE	,	
STREET ADDRESS CITY-ST-ZIP	+11106 NW-2ND-STREET		STREET ADDRESS CITY-ST-ZIP	GOCOA	エブラ	2017	
	VP	П	-	COCOIT	<u> </u>		
TITLE NAME	FALERO, ESTHER	☐ Delete	TITLE NAME	_		Change	☐ Addition
STREET ADDRESS	-11106 NW 2ND STREET-		STREET ADDRESS	6018 At	PLLSHV	e	
CITY-ST-ZIP	-MIAMI, FL33172-		CITY-ST-ZIP	COCOA	M 3	32927	
TITLE	SECR	☐ Delete	TITLE			Change	Addition
NAME	FALERO, ESTHER		NAME	1	un AVI		
STREET ADDRESS CITY-ST-ZIP	41106 NW 2ND STREET		STREET ADDRESS CITY-ST-ZIP	60/8 4	E7 22	000	
	MAMI, FL 33172-			GOS APPL COCOA	PL SE	12/	
TITLE NAME	TREA FALERO, ESTHER	☐ Delete	TITLE NAME		1	Change	☐ Addition
STREET ADDRESS	11106 NW-2ND-STREET-		STREET ADDRESS	GOR APPL	e Ave	_	
CITY-ST-ZIP	-MIAMI; FL 33172-		CITY-ST-ZIP	COCOA	T=L 32	<i>927</i>	
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				TT care
TITLÉ NAME		☐ Delele	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-SI-ZIP			CITY-ST-ZIP				ľ
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 odd of the corporation of the corporatio							