## 2008 FOR PROFIT CORPORATION

## FILED Aug 29, 2008 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # P0700040211  1. Entity Name YH TRUCKING, INC							3 90002 034 ***1	
Principal Place of Business 5470 CURTIS BLVD COCOA, FL 32827		Mailing Address 5470 CURTIS BLVD COCOA, FL 32827			40114(1)			
COCOA, IL S	12021	0000A, 1 € 32027			1 10011001111		INIII NIKIII IPENSI NIKIO KAANA IIND	PRIERI IL IERI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08042008	Chg-P	CR2E034 (12/06	5)	
City & State		City & State		4. FEI Number	8758	<i>+</i> ′ ′ ∨ ⊢	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	
	6. Name and Address of Current			Name	7. Name and	Address of New	Registered Agent	
HERNANDEZ TORRES, GIORDANIS				Name				
5470 CUR COCOA, F	TIS BLVD	Street Address		(P.O. Box Number is Not Acceptable)				
			-	City			- Zio C	
				City	FL Zip Code			
	named entity submits this statement for	or the purpose of changing its	registered	d office or registe	ered agent, or bo	th, in the State of	Florida. I am tamiliar wil	n, and accept
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered A	Agent signature require	id when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Finan Trust Fund Contribution.					<b>i.00</b> May Be ded to Fees	In accordance corporation di	with s. 607.193(2)(bd not receive the price	), F.S., the r notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO O	FICERS AND DIRECTO	RS IN 11
TITLE	HERNANDEZ TORRES, GIORDANIS		TITLE		☐ Change ☐ Addition			
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-S					
TITLE	☐ Delete IIIT		TITLE				Chang	Addition
NAME DIRECT INDRESS			NAME	1 4000000				
STREET ADDRESS CHY-ST-ZIP			CITY-S	I ADDRESS ST-ZIP				
TITLE	☐ Delate Tills		TITLE				☐ Change	Addition
NAME OTDETT ADDRESS	! <b>.</b>		NAME etreet	[ ADDRESS				
STREET ADDRESS CITY ST-ZIP			CITY-S					
TATUE		☐ Delete	TITLE		,		☐ Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	i address St-zip				
TITLE			TITLE				☐ Chang	e Addition
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		☐ Delete	CITY-S	οι-ΔIΓ			☐ Chang	B Addition
NAME		LI DEIGIE	NAME				Griding	
STREET ADDRESS			STREET	T ADDRESS				,
CITY-ST-ZIP			CITY-S	1				
12. I hereby of indicated	certify that the information supplied wit on this report or supplemental report	n this filing does not qualify to s true and accurate and that m	or the exen ny signatu	mptions containe are shall have the	o in Chapter 119 same legal effer	), Florida Statutes at as if made unde	. I further certify that the er oath; that I am an office	er or director

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #