

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000080917

1. Entity Name

Y. & D. WELDING TRUCK SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -3 PM 3:10

Principal Place of Business

3881 E 8TH LN.
HIALEAH, FL 33013

Mailing Address

3881 E 8TH LN.
HIALEAH, FL 33013

REINSTATEMENT



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0947495

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARDONA, YESENIA
3881 E 8TH LN.
HIALEAH, FL 33013

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000110897
04/12/04 00101 022 150.00

debit memo
on this fiscal

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DANZA, YOJANT
3881 E 8TH LN.
HIALEAH, FL 33013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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)(b), 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 live empowered.

SIGNATURE:

Yojant Danza 4/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

per pat Bailey

November 9, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Patricia Bailey

Dear Madam,

We apologize for the fact that the bank returned the check for payment of the annual report. Unfortunately, I am having tremendously bad economical hardships and have had to relocate. My home was flooded by the recent hurricanes. I never received your correspondence, and most of my business files were lost to water damage. Please change my address as follows: c/o E. Casas, 6039 Collins Avenue, #1034, Miami Beach, FL 33140.

I am enclosing a cashier's check for \$150 and respectfully request that the penalty abated and the corporation reinstated. Thank you very much.

Cordially,

Yohant Danza
Yohant Danza

PLEASE CHANGE ADDRESS TO

c/o EDWARD CASAS
6039 COLLINS AV #1034
MIAMI BEACH FL 33140

ENCLOSE M. ORDER FOR \$150.00

3/3

12/02/04 DEPOSITS/PAYMENTS DETAIL SCREEN 9:48 AM
 DEPOSIT NUMBER : 11/16/04 01038 001 DEPOSIT TYPE : COR
 ACCOUNT NUMBER : DEPOSIT AMOUNT : 150.00
 USER ID : KWALKER DEPOSIT BALANCE: 0.00
 DEBIT MEMO DATE: VOID DATE :
 TRACKING NUMBER: 700042780927 DOCUMENT NUMBER: P99000080917
 REQUESTOR : DM# 45321-G REPLC FEE LEDGER DATE : 11/16/04
 SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
AR	ANNUAL REPORT	61.25
ARSUPP	ANNUAL REPORT - SUPPLEMENTAL	88.75

12/02/04 DEPOSITS/PAYMENTS DETAIL SCREEN 9:48 AM
 DEPOSIT NUMBER : 11/30/04 01026 001 DEPOSIT TYPE : COR
 ACCOUNT NUMBER : DEPOSIT AMOUNT : 15.00
 USER ID : KWALKER DEPOSIT BALANCE: 0.00
 DEBIT MEMO DATE: VOID DATE :
 TRACKING NUMBER: 900043062979 DOCUMENT NUMBER: P99000080917
 REQUESTOR : dm # 45321-g REPLC FEE LEDGER DATE : 11/30/04
 SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
RTNCK	RETURNED CHECK FEE	15.00