

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000025

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** TRANS-RESOURCES OF DELAWARE, INC.

**Current Principal Place of Business:**

4000 ISLAND BLVD PH2  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

404 PARK AVENUE S 6TH FLOOR  
NEW YORK, NY 10016

**New Mailing Address:**

17780 COLLINS AVE  
2ND FL  
SUNNY ISLES BEACH, FL 33160

FEI Number: 36-2729497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: TRUMP, EDDIE  
Address: 4000 ISLAND BLVD PH2  
City-St-Zip: AVENTURA, FL 33160

Title: DC  
Name: TRUMP, JULIUS  
Address: 4000 ISLAND BLVD PH2  
City-St-Zip: AVENTURA, FL 33160

Title: DVPS  
Name: HIRSCH, MARK S  
Address: 404 PARK AVENUE S 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10016

Title: GC  
Name: HIRSCH, MARK S  
Address: 404 PARK AVENUE S 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10016

Title: CONT  
Name: SHMUELI, OREN  
Address: 17780 COLLINS AVE 2ND FL  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OREN SHMUELI

CONT

04/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date