


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # G50194**

1. Entity Name  
 TRANS-TECH-AG, CORP.



Principal Place of Business      Mailing Address

1451 W CYPRESS CREEK      PO BOX 5947  
 STE 100      FT. LAUDERDALE, FL 33310 US  
 FT. LAUDERDALE, FL 33309 US

**DO NOT WRITE IN THIS SPACE**



04302007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2315461      Not Applicable

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

6. Name and Address of Current Registered Agent

MICHELL, DAINA  
 2169 N.E. 63 STREET  
 FORT LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

U00000754477  
 05/22/07-80062-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GERARDO, FRANCO
STREET ADDRESS	8715-FIRST AVE. -227C
CITY-ST-ZIP	SILVER SPRING, MD 20910
TITLE	D
NAME	O NEIL, TRACEY
STREET ADDRESS	5030 CHAMPION BLVD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	BEHAR, RAFAEL
STREET ADDRESS	6900 BAY DR., APT 3-B
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	DVST
NAME	MICHELL, DAINA
STREET ADDRESS	185 OMEGA DRIVE
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	DCEO
NAME	RODRIGUEZ, J. L
STREET ADDRESS	185 OMEGA DRIVE
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: *J. L. Rodriguez*      4/30/2007      954 914 5392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #