

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075718

FILED
Apr 30, 2007
Secretary of State

Entity Name: TRANS GLOBAL CHEMICAL LLC

Current Principal Place of Business:

1885 SW 4TH AVE
#E3
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

1885 SW 4TH AVE
#E3
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 25-1922896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, HARVEY
1885 SW 4TH AVE
#E3
DELRAY BEACH, FL 33444 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KATZ, HARVEY
Address: 7004 MANDARIN DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGRM () Delete
Name: IOVINO, CLAUDIA
Address: 6364 AMBERWOODS DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGRM () Delete
Name: BRADWAY, STEVE
Address: 6363 AMBERWOODS DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRG (X) Change () Addition
Name: BRADWAY, STEVE
Address: 6363 AMBERWOODS DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HARVEY KATZ

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date