


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N33734  
1. Entity Name  
TRANSFLORIDA EXECUTIVE CENTRE, INC.



Principal Place of Business      Mailing Address  
4140 BATTERSEA ROAD      4140 BATTERSEA ROAD  
COCONUT GROVE, FL 33133      COCONUT GROVE, FL 33133

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
65-0177219      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
COHEN, MURRY  
4140 BATTERSEA ROAD  
COCONUT GROVE, FL 33133

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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 reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

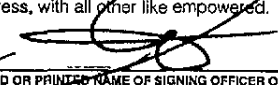
1100000203176  
01/29/05-80013-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, MURRY 4140 BATTERSEA ROAD COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIRSHON, MICHAEL W 7700 WEST CAMINO REAL, SUITE 400 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRIS, RICHARD H 6400 N ANDREWS AVENUE, SUITE 320 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: x       Date: 1/19/05      Daytime Phone #: (305) 740-6765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MURRY COHEN**