

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90497 023 \*\*\*\*62.25

**DOCUMENT # N94000005676**

1. Entity Name  
TRANSAL PARK PROPERTY OWNERS' ASSOCIATION,  
INC.



Principal Place of Business  
% TRANSAL CORP.  
2121 SW 3RD AVE., 8TH FL  
MIAMI, FL 33129 US

Mailing Address  
% TRANSAL CORP.  
2121 SW 3RD AVE., 8TH FL  
MIAMI, FL 33129 US

54039776



**DO NOT WRITE IN THIS SPACE**

01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0747679

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

POMA, ERNESTO  
2121 SW 3RD AVE., 8TH FL  
TALLAHASSEE, FL 33129

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
POMA, ERNESTO  
2121 SW 3RD AVE., 8TH FL  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
PITA, RODOLFO  
2121 SW 3RD AVE., 8TH FL  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JIMENEZ, LUIS  
2121 SW 3RD AVE., 8TH FL  
MIAMI, FL

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/04 (305)285-221

Date

Daytime Phone #