


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005676</b>	
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
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**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0747679	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  POMA, ERNESTO 2121 SW 3RD AVE., 8TH FL TALLAHASSEE, FL 33129	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000333290  
04/26/05-80091-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Rodolfo Pita 4/19/05 (305) 285-2211 <small>Date Daytime Phone #</small>
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